

1.
CHIRURGICAL ESSAYS

ON THE

C U R E

OF

R U P T U R E S,

AND THE

PERNICIOUS CONSEQUENCES

OF

REFERRING PATIENTS

TO

T R U S S - M A K E R S :

WITH

C A S E S.

By T. B R A N D,

MEMBER OF THE CORPORATION OF SURGEONS,
AND SURGEON EXTRAORDINARY TO HIS MAJESTY'S ROYAL HOSPITAL
AT GREENWICH.

The SECOND EDITION.

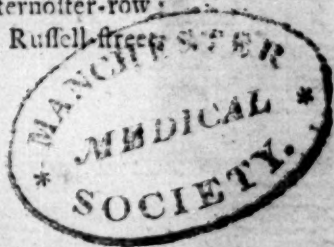
*Hofis adest dextra lævaque à parte timenda
Vicinoque metu terret utrumque latus.*

OVID.

L O N D O N :

Sold by J. DODSLEY, Pall-Mall; J. BEW, Paternoster-row;
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MDCC LXXXV.



CHITURICAR - ISSAY

SIR WILLIAM FORDyce, M.D.

Dr. H. O. 220

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THEY ARE THE ONLY TWO WHO HAVE BEEN
KILLED IN THE LAST FIVE YEARS.

TO
SIR WILLIAM FORDYCE, M.D.

DR. HOSSACK,
PHYSICIAN TO THE ROYAL HOSPITAL AT GREENWICH;

DR. OSBORN,
PHYSICIAN TO THE LYING-IN HOSPITAL, STORE-STREET;

JOHN HUNTER, Esq.
SURGEON-EXTRAORDINARY TO THE KING;

AND
WILLIAM CRUIKSHANK, Esq.
TEACHER OF ANATOMY;

THESE
E S S A Y S

ARE INSCRIBED,

AS A SMALL MARK OF THE AUTHOR'S RESPECT, IN RETURN
FOR THE MANY PROOFS HE HAS RECEIVED OF THEIR
FRIENDSHIP, AND THE APPROBATION, WITH WHICH THEY
HAVE HONOURED THIS ENDEAVOUR TO POINT OUT THE
DANGERS TO WHICH RUPTURED PATIENTS ARE EXPOSED
FROM QUACKS AND TRUSS-MAKERS.

SONO-SQUARE, LONDON, }
APRIL 20, 1785. }

TO

SIR WILLIAM FORDYCE M.D.

Dr. HOSACK.

PHYSICIAN TO THE ROYAL HOSPITAL AT GREENWICH.

Dr. O'BORN.

PHYSICIAN TO THE KING'S HOSPITAL, STONE STREET.

ADVERTISMENT.

JOHN HUNTER, Esq.

SURGEON EXTRAORDINARY TO THE KING.

AND

WILLIAM CRUKSHANK, Esq.

LECTURER OF ANATOMY, HAVE BEEN

APPOINTED TO THE CHAIR OF SURGERY

IN THE ROYAL HOSPITAL, STONE STREET.

THEY ARE ENGAGED

AS A FAVORITE OF THE ARTISTS, IN RETURN
FOR THE FAVOR WHICH HE HAS RECEIVED OF THEM
IN THE COURSE OF HIS LONG AND USEFUL LIFE,
TO GIVE A COURSE OF LECTURES ON THE
ARTS OF SURGERY, AND TO ASSIST IN THE
TEACHING OF THE STUDENTS OF THE HOSPITAL.

THESE LECTURES WILL BE GIVEN
ON WEDNESDAY, THE 14TH OF MARCH.

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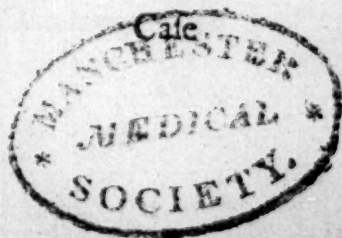
THIS Second Edition ought to have been published sooner; but the flattering reception the first Edition was honoured with, from those Gentlemen to whom they are now inscribed (and of whom it is hardly necessary to add, that they are not more distinguished for their professional eminence, than respected for their private characters), induced the Author to revise them, and make some additions.

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P R E F A C E

IN these Essays, the attention is chiefly directed to those evils that patients are exposed to, from their own neglect, and particularly from quacks and truss-makers.

To hope for safe, much less successful treatment, in the cure of a disorder, so difficult to be understood as that of a Rupture, by referring the patient to a truss-maker, forms in itself an idea so absurd, that it would seem almost unnecessary to oppose it with a single argument. Instead of safety or success, the fact is, and it will
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P R E F A C E.

be demonstrated, that patients suffer the most pernicious consequences; and to prove this, I have added cases, most of which were, at the same time, seen or attended by Sir WILLIAM FORDYCE, Dr. OSBORNE, Sir CÆSAR HAWKINS, Mr. JOHN HUNTER, Mr. SHARPE, the late Mr. ELSE, Mr. PINKSTAN, Mr. CRUICKSHANK, Mr. HODGES, or some other professional Gentlemen of eminence and character.

It was my determination not to proceed but with the most unquestionable authenticity. The truth of the doctrines contained in this pamphlet are of the last importance, not only to those who have the misfortune to be afflicted with Ruptures, but to mankind in general, as every man, woman, and child are liable to these complaints, and from very slight causes.

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If the mere failure of that benefit and success, which cannot reasonably be expected but from those who understand the true nature of a disease, was the only objection against referring patients to truss-makers, the ground of complaint, and the necessity of warning mankind against them, would be sufficient; but it will be proved, that besides the dangers incidental to Ruptures being greatly aggravated, these disorders are sometimes rendered incurable, men are emasculated, and patients are in perpetual danger of losing their lives, or, at least, of suffering one of the most difficult operations in surgery, if the hernial bandages (commonly called trusses) be not accurately constructed and skilfully applied.



P R E F A C E.

That no disorder is more difficult of cure, or, is in itself more dangerous, or, can prove more certainly fatal than a Rupture, are positions that cannot be denied. When this fact is stated to a patient, how can it be reconciled to common sense, to send him to an instrument-maker to get a truss fitted, as it is commonly termed? Must not a patient conclude, either that the dangers are ideal, or that the surgeon cannot or will not do his duty? Most certainly; and under these circumstances it is that patients are driven to quacks.

If a surgeon does not rely on his own judgment in every thing that relates to the health of his patient, what hopes can he entertain of success? or, indeed, what right has he to look

for

P R E F A C E.

for it? But in an application of such importance as a hernial bandage, upon which, not only the success of the case, but in truth, the life of the patient depends; is it not absolutely incumbent on the surgeon to rely upon his own judgment, and not upon a workman?

It cannot be expected that every surgeon will submit to the trouble, or bestow the time necessary to qualify himself in this kind of knowledge; but I think it will be found, that the surgeon who has not done so, must not expect success in the cure of Ruptures. That I have not employed my time so vainly, as merely to point out the hazards that patients are exposed to, without shewing that they can be prevented, the case at St. Thomas's Hospital, and that

PREFACE.

in which I succeeded, after it had been attempted without success forty years both here and in France, I think, will sufficiently prove. Few patients under the same circumstances live so long as forty years, and, therefore, instances of such success will seldom occur even in the most extensive practice.

Very little discernment will be necessary to discover, that by warning mankind against the dangers to which they are exposed, I can by no means promote the pecuniary interests of surgery. The fact is, the more that Ruptures continue to be neglected, and the more that patients are left to truss-makers, the more certain they are of being rendered incurable, of requiring an operation ;



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tion or a long attendance. To quacks the same remark is applicable; but indeed, the mischiefs they commit, are not so frequent, because they are more suspected than truss-makers. In doing that which must tend to diminish the emoluments of surgeons in general (the only satisfaction, *they* can have, who prefer the opportunity of performing an operation, to the trouble of pursuing the necessary measures to prevent it, is, that), I also diminish my own. And it cannot be expected, that any surgeon, of this description, will look with particular satisfaction on any attempt that may diminish the number of an operation so valuable, as that for the strangulated Rupture.

I have

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I have but once in my life, had the misfortune to be so injured, as to render it necessary to require satisfaction of a professional man. Upon that occasion I hope there did not appear any reluctance on my part to bring the party to an account, and to vindicate my character. Mr. FORD is a surgeon, and I considered him as a gentleman; but I cannot, without being regardless to the respect due to our profession, descend to a personal altercation with the Author of a Pamphlet entitled, "*Remarks on Mr. BRAND's Chirurgical Essays,*" &c.; yet, as it is possible, by being totally silent, that it might be misconstrued, I hope to be able to settle that business here in a very few words. An attack so invidious, so ridiculous,
no and

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and so false, as the "*Remarks, &c.*" stands unparalleled in the records of quackery; and however contemptible the writer of them may be considered by professional men, yet, I certainly should not have done justice, either to my profession or to myself, had I not made a public example of him as a libeller. By the verdict of an honest jury, the "*Remarks,*" &c. stand condemned as a false, scandalous, and malicious libel against my character; and so far as I was personally concerned, the recompence was ample. But it is my duty to declare, in this place, that gross as the falsehoods are against me, they form the least criminal part of the pamphlet. The truth is, that under pretence of making "*Remarks, &c.*"

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on my Essays, the libeller has attempted to impose the most pernicious falsehoods upon the public. I shall not enlarge upon the matter, but I declare, in the most explicit terms, that they contain opinions which no surgeon who has the least regard for his character as a professional man can avow.

The manner, in which the libeller has misquoted those passages, he has thought proper to select from my pamphlet, in order to misrepresent them, is a proof, not only, how regardless he is of truth, but how little sense he has of that shame, which he must have known, would necessarily follow the unavoidable detection of such a miserable literary fraud, that could only be committed,
for

P R E F A C E.

for the base purpose of attempting to mislead and deceive the most unfortunate part of mankind.

The absurdity of this truss-maker's *Remarks*, and his arrogance in pretending to publish opinions on the treatment of Ruptures, is sufficiently established by his own declaration, that he is an un-informed truss-maker.

The opinions of an un-informed truss-maker merit no other notice than contempt; but I shall beg leave to repeat, that if any surgeon will avow the "*Remarks, &c.*" that I pledge myself to the public, to prove him, not only guilty of the most frontless attempts to deceive and to mislead those who are afflicted with Ruptures, but that he is even ignorant
of

P R E F A C E.

of opinions commonly allowed, as well as some of the most important facts relative to these disorders.

The only occasion in which I probably shall ever write the libeller's name, was in a letter to Mr. FORD the surgeon. In a letter to any other gentleman I should have thought some apology necessary for having introduced it; but to Mr. FORD I gave my reasons. As that letter is printed, I cannot gratify the libeller so much as to introduce his name here; but I shall leave him there to public derision, if such a thing can excite attention enough to be despised.

I should be very insensible of that active zeal with which my professional friends stood forward to refute
the

P R E F A C E.

the falsehoods contained in the "*Remarks, &c.*" if I did not take this occasion to acknowledge it. Altho

Sir WILLIAM FORDYCE, Dr. HOSSACK, Dr. OSBORN, and Mr. CRUICKSHANK, were the only evidences called upon and examined at the trial; yet I consider my obligation no less to Mr. HUNTER and those other Gentlemen who attended on my account.

To add to the obligation, these Gentlemen have been pleased to express their satisfaction at my inscribing this Second Edition to them; and I again dismiss it, declaring, that the facts contained in it can only be denied in the language of falsehood and quackery.

I should be very sensible of that active zeal with which my professional friends stood forward to refute the

leave that even a very trifling neglect or
 the slightest carelessness in the
 would be inclined to think so, can bring on
 all the danger, and the worst consequence
 of a mismanagement, and we shall find that
 this is a very common case.
 We are not, however, entitled to suppose that
 they cannot be said to be without exposing
 the patient to certain danger. No patient
 should be without these things by him, as
 in the case of any accident happening to him
 that who stands on his account.
 and I am not, in this connection, these
 gentlemen have been pleased to ex-
 press their satisfaction at my indis-
 tinguishedly consistent as it is to them;
 and I again think it desirable
 that the facts contained in it can only
 with that a Report is not necessary a dangerous effort
 should be made to be understood. It is, no means my
 wish to make any statement of my success, but to ad-
 vance an opinion that may attract notice, apprehension, and
 in which I may hope my authority may have some weight.
 I let the circumstances mentioned I have never told a patient
 either in private practice, or among the great number of pa-
 tients in Greenwich Hospital; where, among the pensioners,
 are probably more bad cases under the palliative cure than are
 to be found any where else.

prudence

OF THE
CAUSES
OF
RUPTURES.

THE disease called a Rupture, is as frequently the consequence of accident, as a fractured bone, a dislocation, or any other injury the human body is liable to from violence.

It is generally supposed, that extraordinary exertions, or strains, are necessary to bring on Ruptures; but so slight are the causes that will sometimes produce these complaints, that patients are unable to recollect how or when the accident originally happened.

These disorders, especially in relaxed habits of body, and at the approach of old age, come on by such imperceptible degrees, that patients sometimes remain ignorant of

B

their

their real situations, 'till alarmed by the symptoms of a strangulation ; and instances have occurred, of patients who suffered all the symptoms of a strangulated hernia and died, without the disease having been discovered, even by those who attended them, until the body was examined after death *. Surgeons therefore cannot enter upon the investigation of Ruptures with too much attention.

Among the numerous causes of Ruptures, the following are not the least frequent, viz. a sudden sneeze, a violent fit of coughing, excessive laughter, passion, loud speaking, an epileptic fit, wrestling, jumping, a severe emetic or accidental vomiting, constipation, with the difficulty of expelling indurated fæces, a blow on the part ; and I have known a hernia occasioned by slipping off the foot-path in walking, and by so trifling an exertion as drawing the cork from a bottle.

From a review of these causes, it must appear, that no one, however circumstanced, in respect to age, habit of body, or situation

* The late Dr. Hunter gave a case of this kind in his Anatomical Lectures.

of life, can be considered as exempted from the reach of these complaints.

But the persons most liable to Ruptures, are those of lax and delicate habits of body, especially when exposed to sudden and severe exercises; and, when the constitution has been relaxed by a residence in hot climates, or by illness, and particularly after long and severe courses of mercurial medicines.

No strength of constitution whatever can prevent Ruptures: and although any ill consequences from strains, &c. may be less apprehended where the body is firm, than when the habit is weak and ductile, yet we find that the most robust men are liable to these disorders.

Children are subject to Ruptures, even from the moment of their birth. The common indispositions of infancy are very apt to occasion them. Excessive crying will force down a Rupture; the relaxation from teething, the straining from fits, hooping cough, &c. are also very common causes, and, when a Rupture has taken place, these

disorders not only necessarily render it worse, but the cure becomes more difficult and tedious.

The careless and inadequate manner in which children, and young patients, are often treated for the cure of Ruptures, proves the source of great future mischief and misery. Some are lost, but many are ruined.

It is common for the self-sufficiency of ignorance to make light of what it does not understand. Nurses, and people as ignorant as nurses, generally call the Ruptures of children *only* the coming down of a little wind, which, they considering as of no consequence, expose the patient to the severest symptoms, and most fatal consequences. A greater violence certainly cannot be offered to humanity, than that which arises from the ignorance and neglect with which children are too often treated in these cases.

If the evil did not extend beyond childhood, or, if the ill consequences of improper or inadequate treatment, could be certainly removed at any future period, less anxiety might be expressed; but I have every reason to believe, that most of the incurable Ruptures, are rendered

rendered so by the presumption of nurses, quacks, and truss-makers, and the injudicious manner in which the patients are commonly treated when young and curable, or, when the disease would certainly have been cured by proper and regular treatment.

Infants are very liable to the navel Rupture. This kind of Rupture in female patients demands particular attention for very obvious reasons.

Women are liable to Ruptures, but happily not in the same proportion as men. Childbearing women are mostly exposed to the Rupture of the navel from the distention occasioned by pregnancy, and the straining of labour; but there is reason to fear, that the danger of pregnancy is encreased by the fashion which obliges them to comply with the unnatural custom of tight lacing.

Men are mostly subject to the hernia inguinalis and scrotalis, and those who are exposed to the severest exercises and the most violent exertions are doubtless most liable to these disorders. Perhaps no set of men are more so, or have Ruptures in a worse degree, than sailors.

Of the Situations, Symptoms, &c. of
RUPTURES.

EVERY one has a general idea, that the stomach, intestines, liver, &c. are contained within the cavity of the abdomen or belly, and in a great measure supported and retained in their natural situations by the external surrounding parts.

It is not difficult to conceive, that if a wound be made through the containing parts, into the cavity of the abdomen, the viscera or bowels, would fall out. But this can only be in consequence of a penetrating wound. We find however that a similar effect, to a certain degree, takes place in the case of a Rupture, so far as relates to displacement of the viscera, when the containing parts have given way partially from within. A sufficient opening is then made to permit the viscera to fall from their natural situations.

The consequent tumour, that is formed by the protrusion or falling out of a portion of the viscera from their natural situations, is called a *Hernia, Descent or Rupture*.

These tumours called Ruptures commonly come out at the groin, navel, upper and fore
part

part of the thigh, and at every other situation in the anterior part of the abdomen.

Upon the first appearance of a Rupture, the tumour is generally small and easily reduced. By pressing it gently with the fingers it will readily return into the abdomen, especially if the patient be placed in a supine posture; but immediately, or soon after having withdrawn the pressure of the hand, or standing upright, the tumour will push out and make its appearance again*.

When the swelling presents itself at the groin, and falls no lower, the disease is called *hernia inguinalis*, *bubonocoele*, or groin-rupture. As soon as the same tumour, from the accumulation of protruded viscera, becomes large enough to fall down into the scrotum, it is then called *hernia scrotalis*, *oscheocoele* or scrotal rupture. In women, the *hernia bubonocoele*, as it enlarges, falls down into the *labia pudendi*. If the swelling appears

* In reducing a Rupture, very particular care must at all times be taken, to avoid such a degree of pressure as may excite inflammation. If it be done in too much haste, or improperly, there is danger of bruising the spermatic vessels and testes, and bringing on a *hernia humoralis*; and the parts of which the Rupture is formed, may be materially injured.

at the navel, it is called *hernia umbilicalis*, or navel rupture; if at the upper or fore part of the thigh, *hernia femoralis*, or femoral Rupture; and if at any other situation of the anterior part of the abdomen, the disease is called *hernia ventralis*, or abdominal Rupture*.

At the time that part of the viscera is forced out to form a Rupture, it pushes and carries before it a portion of that fine dilatable membrane, called the peritoneum, which forms a kind of bag or pouch, and being the immediate receptacle of the descending parts, it thence acquires the name of the hernial sac.

After the situation of a hernia is ascertained, our next consideration is, what part or parts of the viscera fall down to form the tumour. Altho' to determine this, be a knowledge of the last importance, when applied to practice, yet it cannot, I believe, be acquired from books.

The parts that most commonly fall down to form the tumour called a Rupture, are,

* Patients are often afflicted with two or more Ruptures at the same time. I attended a patient with Sir Cæsar Hawkins, who had not only the *hernia scrotalis* on each side, commonly called a double Rupture, but on the right side there was also a *hernia femoralis*, and he had besides an umbilical hernia with a small *hernia ventralis* below it,

either

either a portion of the gut or intestines, a portion of the omentum or caul, and very often a portion of both. Sometimes the stomach, liver, bladder, and uterus, are forced from their natural situations into the hernial sac, when Ruptures have been neglected by the patient, or improperly treated.

When only a portion of the intestines falls down, the disease is called *hernia intestinalis*, *enterocele* or *intestinal Rupture*. If a part of the omentum only, it is called *hernia omentalis*, *epiplocele*, *caul* or *omental Rupture*; and when a portion of both these parts has fallen down, in whatever proportion to each other, it is then called *entero-epiplocele*, or a *Rupture of the gut and caul*.

Besides the two circumstances of situation and contents of a Rupture, which afford their different names, there are many others necessary to be enquired into and considered; such as, the time the patient has been afflicted with the Rupture, the size of it when down; how large the openings are, thro' which it passes into the hernial sac; the age of the patient; whether the Rupture be entirely reducible, and if not, what part remains down.

Whether

Whether it be easily reduced, or if bound by stricture; or if the reduction be prevented by adhesions or alteration of form in the descended parts, or an adhesion of them to one another within the hernial sac. Whether the Rupture is free from, or attended by inflammatory symptoms and strangulation. What symptoms, in general, the patient has suffered; and if trusses have been applied by truss-makers, it will be necessary to attend more particularly to the case, as it is then very common to find a Rupture either complicated in itself, or with other disorders.

The symptoms occasioned by Ruptures, would be endless to relate. The most frequent are colic, sickness, and vomiting. But I have a patient, who tells me that he never felt any particular pain from his Rupture; which made him negligent of it several years. He at length was attacked with the symptoms of a strangulation, he sent for me, and it then was necessary for him to undergo the operation, as the only chance of saving his life.

Patients afflicted with Ruptures are sometimes affected by great or sudden changes of weather.

weather. From uncommon fatigue or exercise, eating food of difficult digestion, or such as occasions flatulency; overcharging the stomach: and often without any other cause than that which arises from the mere descent of the parts from their natural situations, and the interruptions they are consequently exposed to, we find Ruptures attended with very tiresome pains and uneasinesses. I have known patients, who, from a bad neglected Rupture, have been worn down into such a hypochondriacal state, that, altho' I afterwards relieved them by the palliative cure of the pains they suffered from their Rupture, yet they never recovered from that melancholic disposition.

Ruptures afford so great a variety in their symptoms, appearances, situations and circumstances, that it is sometimes difficult even for the most experienced in these cases to give an opinion. What then must be the consequence where unskilful persons are trusted or employed to treat a disease of so much importance, and where a mistake may be attended with the most serious consequences? It cannot be a matter of surprize to any man
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of the smallest knowledge and reflection, that so many Ruptures are rendered incurable, and even beyond any relief from surgery, or that we find patients so often not only exposed to the immediate hazard of their lives, but actually destroyed, thro' the ignorance of truss-makers, and the presuming temerity of empirics.

A hernia in its recent state, while yet so small, as not easily to be discovered, either by viewing it or examining it by the hand, will occasion painful and even dangerous symptoms; such as colic, sickness, vomiting, and suppression of stools, with inflammation, and even mortification of the parts that form the Rupture.

Every Rupture, not properly secured, is liable to fall down; and should a portion of the intestine be so compressed in the hernial sac, that the passage of its contents and the peristaltic motion are interrupted, the first symptoms of strangulation will soon take place, such as sickness, vomiting, &c. and the patient will suddenly find himself in very imminent danger.

Whenever

Whenever this happens, no time must be lost to have the Rupture reduced ; for upon the early success of the reduction may depend the life of the patient. I have seen a patient lost from his delaying to send for proper assistance only a few hours. It is a time of the utmost consequence ; and if the Rupture be neglected so long that it cannot be reduced by the hand, the patient must suffer one of the most difficult operations in surgery : I mean the operation for the strangulated Rupture, which though not without danger in itself, becomes necessary as the last resource to save the patient's life.

If reduction be accomplished by *taxis*, or operation of the hand, and the parts have suffered no material injury either from the inflammation, or from the efforts made use of to put it back, the symptoms of sickness, vomiting, &c. will, generally speaking, be easily subdued as soon as a passage by stool is obtained.

But it is not sufficient to save the patient : for if he be not properly secured, he is still liable to the return of a similar attack. A proper bandage (commonly called a truss) must be applied to prevent the falling down of the
Rupture

Rupture again, and consequently the danger of a new strangulation. If the bandage proves defective, the patient will be in a worse situation (if possible) than before, by its permitting the Rupture to fall down between it and the Os Pubis. Such an injury may be done, that the patient will not only be exposed to all the danger of a new strangulation, but the pressure of a bandage injudiciously constructed must necessarily aggravate the symptoms, and heighten the danger.

The symptoms of strangulation may take place, and often do, immediately after the Rupture is formed; but, on the other hand, there are many instances where the disease has become very large without having been attended by serious consequences.

It is necessary to observe, that although a Rupture has been, for any space of time, free from alarming symptoms, the patient can never be considered in a state of safety while the Rupture is suffered to fall down; and, although he be perfectly free from pain, the Rupture is nevertheless, every moment, liable to fall into strangulation.

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The indispensable necessity therefore that a Rupture should be properly treated, and constantly secured, must be evident. If the radical cure should fail, the whole dependence and safety of the patient afterwards must rest upon the accuracy and judgment with which the bandage is applied, and the efficiency with which it performs its office.

Ruptures are sometimes complicated with other diseases. Other diseases assume the appearance of Ruptures, and without exerting the utmost attention practitioners may be frequently deceived, and liable to do a great deal of mischief; and in the common treatment of Ruptures we too often find new disorders accumulated from improper pressure of bandages constructed by persons ignorant of the disease and the parts concerned.

Ruptures are divided into the true and the false. The true Rupture is that tumour formed by a descent of some part or parts of the viscera. The false Ruptures are diseases that only resemble the true Ruptures in appearance, but the falling down of any part of the contents of the abdomen is not concerned.

Therefore,

Therefore, when we speak of a Rupture, we are always understood to mean the true Rupture, or a falling down of some part of the viscera; but in the case of a false Rupture, we add a descriptive word or epithet, as the hydrocele, which is sometimes called a watery Rupture.

Although the hydrocele and scrotal hernia sometimes put on an appearance very like each other, and may, no doubt have been mistaken by the uninformed in these cases, yet it is well known, that a Rupture and a hydrocele are diseases totally different, whether considered in relation to their causes, consequences, symptoms, or their modes of treatment.

For if any of the operations made use of in the radical cure of a hydrocele were applied in the case of a Rupture, it would indicate ignorance, or madness; and *vice versa*, what is proper treatment for a Rupture can produce no good effect in the cure of a hydrocele.

It is said that the diseases most liable to be mistaken for Ruptures, are the hydrocele just mentioned, the venereal bubo, and that inflammation of the testes called the hernia humoralis.

humoralis. Besides these, I have known the testicle lying in the abdominal ring, in its passage towards the scrotum; an enlargement of the spermatic vessels; the pointing of a lumbar abscess, as well as other accidental inflammations and swellings, at or near the usual situations of Ruptures, mistaken for these disorders, and in consequence of such mistakes, trusses have been ignorantly and injuriously applied.

To mistake the true nature of any disease, must be attended with danger to the health and safety of a patient; but in the case of a Rupture, a mistake may and often has been the cause of death.

If an inguinal Rupture be mistaken for a bubo, or abscess in the groin, (a mistake which has certainly happened) and be merely left to itself, it may prove fatal by falling into strangulation; but if the part should be opened either by the knife or caustic, the consequence must fill the mind of any man of knowledge and feeling with horror; for allowing us to suppose what is not very probable, that is to say, that in laying the Rup-

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ture

ture open, the patient would not be immediately destroyed, he will at least, be liable to pass his stools through the wound in the groin as long as he lives *.

Should an enlargement of the spermatic vessels be mistaken for a Rupture, a mistake very common with the ignorant, the pressure of a bandage upon them will encrease the disorder.

If a bandage presses on the spermatic chords, it may occasion such an inflammation of the testes and their vessels, as not only to bring on very painful symptoms, but it is liable to be attended with a consequence that every man must naturally be solicitous to avoid, in short with a consequence no less than the total deprivation of virility. I wish I could say that the following case was a very rare instance in itself, or a very uncommon consequence of the presumption of Truss-makers, who to the disgrace of humanity and the pro-

* It sometimes, though very rarely happens; that a patient survives a mortification of the gut, and when he does, the stools are discharged at the wound. I have seen this happen both in the groin and navel Ruptures. But this terrible accident can never happen where the case is properly treated. It is owing to the carelessness of patients themselves, or falling into the hands of Quacks and ignorant Truss-makers, that a mortification takes place,

section



session of surgery, make no scruple for the sake of selling a truss to sacrifice the happiness of a fellow-creature.

C A S E I.

I was desired to attend a patient said to be in great pain. The account he gave me of his case, was, that having a Rupture come down in each groin, commonly called a double Rupture, he went to a truss-maker, who supplied him with a truss, and put it on. In a little time he found himself in a good deal of pain just under the pads of the truss. He went back to the truss-maker to complain, but was told that trusses gave pain at first, and that it would soon go off. This prevailed on the patient to let the truss remain as it was fixed all the afternoon, but such an inflammation and swelling of the testes and their vessels succeeded, and the pain became so insupportable, that he was obliged to go to bed, and had sent for me to know what he ought to do.

I immediately took off the truss, which was not only destitute of any anatomical principle in the construction, and inadequate for

the purpose of retaining a Rupture properly, but it had, by pressing improperly, brought on one of the most violent inflammations in the testes and spermatic vessels I ever saw. It was impossible to examine or to touch the parts without putting him in the greatest agony, and the pain had now excited a very smart symptomatic fever.

It was necessary in the first place to allay the inflammation, and the usual means of evacuation, &c. were adopted. On the fourth day it was sufficiently abated to permit an examination. The spermatic chords were still considerably enlarged, but I was surprised at not being able to discover the testes in their proper places.

In my first surprise, I asked him if they had ever been down into the scrotum*; he assured me they had, and indeed my astonishment was so great, that for the moment, I forgot that I was examining the spermatic

* The testes are not originally formed in the scrotum, but within the abdomen, and generally come down a little before or about the time of birth. Sometimes, though rarely, the testes do not pass into the scrotum. It is by no means uncommon to find only one in the scrotum, and the other remaining within the abdomen. I have seen the testicle coming down, for the first time, in a patient of thirty-two years of age, which had been mistaken for a Rupture.

vessels,

vessels, the recollection of which must have rendered the question unnecessary.

The firm, globular bodies of the testes were dissolved, and all that I could find in their places, were, what appeared to me, to be small bags containing a little fluid. The patient could bear me to press them, until I made their sides meet without complaining of the pain. For in the dissolution of the parts that had taken place, the remaining parts had not retained any of their peculiar tenderness and sensation.

When the inflammation was sufficiently subsided, I applied a proper bandage to prevent the coming down of the hernia, and so far he has remained very easy. I have seen him occasionally, as he has wanted bandages, ever since, but the testes never recovered not even in the smallest degree.

February 21, 1782, I saw this patient last. He is still in the same state, and tells me that from the time of his having the truss put on which made him so ill, he has not had the least desire or capability of commerce with women.

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The danger of emasculation is alone sufficient to deter a surgeon from permitting an uninformed Truss-maker to apply Trusses or Bandages. If an improper truss prove the cause of a strangulation, a surgeon may indeed rescue his patient from death by performing the operation. Yet surely the surgeon derives more honour, when he prevents the necessity of an operation by superintending the construction of the Bandages he has occasion for, than by relying on his own dexterity as an operator to save his patient from the ill consequences brought on him by the use of the trusses commonly applied. But unfortunately for patients, no dexterity of operation will restore virility when the testes have been entirely dissolved, from the pressure of improper trusses.

Yet, in all Rupture cases, Bandages are indispensably necessary to effect either the radical or palliative cure; because, from the moment that a protrusion of part of the viscera has taken place, every motion of the body must necessarily tend to enlarge the disorder,

order, and force more and more of the contents of the abdomen from their natural situations. If a strangulation does not come on, the size to which Ruptures will arrive, when neglected and mal-treated, is scarcely to be believed but by those who have seen them.

In proportion as a Rupture and the opening of the abdominal ring enlarges, the difficulty of performing the radical or even the palliative cure may be said to encrease also.

But the two principal accidents into which every Rupture, when neglected or not judiciously managed, is liable to fall, and of which no patient ought to be ignorant, are, the strangulation of a Rupture, and its forming adhesions to the hernial sac.

A strangulation comes on attended with the most painful symptoms, that human nature is capable of suffering, and endangers the patient's life, or at least exposes him to the necessity of a severe and very difficult operation, and which is by no means without hazard in itself.

An adhesion of a Rupture by rendering the disease incapable of being reduced, not only

cuts off all hope of a perfect cure, but places the patient in a state incapable of being secured against the danger and the consequences of a strangulation, by what is called the palliative cure.

Every Rupture when left to itself, is liable to strangulation and adhesion; but, both the strangulation and the adhesions are brought on by the use of improper trusses, or proper trusses injudiciously applied.

When a Rupture, either by inattention, or from any accident or defect in the truss, is forced or permitted to fall into the hernial sac, and while there, if it be so compressed that it cannot be returned into the abdomen, and at the same time is attended with inflammation, it is then said to be strangulated.

It is scarce necessary to observe, that if the Rupture be of the omentum, the stricture will be less dangerous than when the intestine only is concerned.

A strangulation of the intestine, interrupts its functions, and prevents the passage of its contents. Such a degree of pain and inflammation will come on, that the patient will
be

be incapable of reducing it by any pressure he can produce, or will be able to bear from himself; and very soon after, he will be attacked with the symptoms of colic, sickness, and vomiting.

This is a period in which the utmost extent of surgical skill and assistance becomes immediately necessary; not merely to relieve the Rupture, but to save the patient's life. If the Rupture cannot be reduced, (and that is sometimes impossible without an operation) the pain in the part and bowels will become greater and greater, and the vomiting and straining more violent and more frequent.

As the passage of the contents of the intestine, is prevented by the stricture, the patient will soon be incapable of passing any thing by stool; and so long as the Rupture remains bound and irreducible, the symptoms will continue to encrease. The gut at last, if not relieved from the stricture, either by the hand or the operation, will mortify.

In the last stage, the patient is attacked with hiccough. The countenance changes, a clammy sweat breaks out all over his body,
his

his hands become cold, and it is not long after these symptoms have taken place before the patient is cut off.

The symptoms which precede mortification are never in any two cases (at least of those I have seen) precisely alike. Before mortification takes place the patient generally has one or more shivering fits, and sometimes becomes delirious: But that indescribable anxiety, which constantly attends a patient with a strangulated Rupture, presents one of the most distressing scenes that a man of feeling can possibly attend.

No circumstance that can occur in the practice of surgery is more uncertain than the time in which a Rupture may become fatal after the first attack of a strangulation.

I have seen a strangulated Rupture, occasioned by an improper truss only, prove fatal in fifteen hours; but I have also performed the operation with success, when the Rupture had been strangulated several days, and the scrotum had become quite black from the violence of the inflammation.

When

When the endeavours of the surgeon to reduce a strangulated Rupture, by the *taxis* or operation of the hand, do not prove successful, it becomes necessary, as I have already observed, to perform an operation in order to set the strangulated part free, in order to obtain reduction, and to prevent mortification.

The exact time, in which it is necessary to perform this important operation, without waiting too long, and endangering the loss of the patient from delay, or hastily exposing him to suffer it, is justly allowed to be one of the most difficult points to ascertain in surgery. It is a knowledge, however, like many others, to be acquired only by experience and observation.

When the Rupture falls down into the hernial sac, and while there, if an union or growing together between the parts forming the Rupture and the sac takes place, it is called an adhesion.

An adhesion or adhesions will very probably happen where the Rupture is allowed

to

to remain down; but more especially if the Rupture falls down under a truss, and is permitted to remain in that situation. If the pressure does not bring on strangulation, it will most likely produce an adhesion. I have seen a great number of these cases from careless treatment, and the use of the common trusses.

Whenever an adhesion takes place, and a portion of intestine is concerned, it is to be considered as a most unfortunate circumstance; for, if the parts be so strongly united that they are incapable of reduction, the patient will not only be rendered incurable, but he must necessarily be left to the mercy of his disorder.

All that can be done in such a case, is merely the application of a suspensory bandage to support its weight; but we know that a suspensory bandage cannot secure the disorder from falling into a strangulation, or proving mortal.

Beside the adhesion of the parts forming the Rupture with the hernial sac, the alteration

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tion of form, an increase of size, or the adhering of them to one another while allowed to remain down, will render the disease irreducible and therefore incurable.

The patient thus circumstanced, must always pay the most rigid observance to his exercises, regimen, and habit of body. Every thing of difficult digestion, or that occasions flatulence or costiveness must be avoided, and the patient will often stand in need of the assistance of medicine to remove or alleviate those symptoms, that will frequently arise from the interruptions and obstructions suffered by that part of the gut, confined within the hernial sac.

It has been observed by writers, that large Ruptures, when the openings are wide through which they pass into the hernial sac; whatever other inconveniences the patient is subject to from size, derangement, &c. yet, they are not so liable to fall into a strangulation and its consequences, as those cases are in which the portion of protruded parts is small, and the passage narrow. This for the most part is certainly true, and indeed in
such

such cases it ought to be considered as a very happy circumstance.

When a strangulation, however, does take place in a large irreducible Rupture, if the danger be not so immediate, yet should the stricture continue, there is very little chance of avoiding the operation. If the parts were irreducible when easy and uninflamed, they must be still more so, when inflamed and swelled, and rendered incapable of being handled. No practitioner who has seen such cases, can be ignorant that the adhesions or alterations of form, in old neglected Ruptures, when necessarily exposed to have the operation performed, must increase the difficulties to the surgeon, as well as the pain and danger to the patient.

That the falling down of a small Rupture necessarily injures or impairs the generative powers, is certainly not true, but on the other hand it must be remembered, that a Rupture, from neglect or mismanagement, will increase to such a size as to become a prevention.

Few

Patients are seldom aware of the possible consequences arising from neglected and maltreated Ruptures; and it must seem very extraordinary to the uninformed, but it is certainly true, and therefore they ought not to be unacquainted with the fact, that a Rupture no larger than a nutmeg, although it has not appeared many days, may prove fatal in a few hours, if either left to itself, or if an improper truss be applied.

Thus far I have endeavoured to give the reader a general idea of the causes, symptoms, and consequences of the disorders, called Ruptures. It must, however, be considered only as the outlines of a disease very extensive indeed in all its varieties.

From what has been said, I think the following conclusions may be drawn, That a Rupture is a disorder very easily brought on, and may be occasioned by a great variety of accidents. That either from the neglect of patients themselves, improper treatment, or the use of the trusses commonly applied by truss-makers, Ruptures will be rendered

dered incurable, and complicated with other disorders; a very essential injury done to manhood, and patients will not only be exposed to the most painful symptoms, but finally, be destroyed, if not saved by a timely interposition of judicious treatment.

In the treatment of Ruptures, the two effects of success are known by the terms Palliative and Radical Cures.

Of the Palliative and Radical Cure of
R U P T U R E S.

NATURE in some diseases not only assists, but sometimes compleats her cures, without any assistance from art. In the case of a Rupture, from the time that a protrusion has taken place, nature does not seem to have the least power of effecting a cure of herself.

When a Rupture, from whatever cause, cannot be radically cured, the palliative cure is then the only remedy that the case can admit of, or that surgery can afford.

By

By the palliative cure of a Rupture is meant the replacing of the protruded parts into their natural situation, and there securing them constantly by the aid of applications called trusses or bandages.

In effecting this sort of relief great mischief may be, and frequently is done, not only to the Rupture itself, but to the neighbouring parts, by the application of trusses, that are not judiciously constructed in themselves, or, if they be not skilfully applied.

Yet in the treatment of a Rupture we can no more dispense with bandages than in the accident of a fractured leg, &c.; for, if it be either left to itself, or, if the palliative cure should fail, the patient will be exposed to the danger of a strangulation, or at least the disease will certainly become larger and larger, and that sometimes with incredible rapidity. I have seen a hernia scrotalis, where the viscera came down in such quantity that it measured THIRTY-ONE inches round.

It is to be remembered, that the palliative cure of a Rupture implies the constant necessity of wearing a bandage, to prevent the ill

consequences that may arise from the falling down of the disease ; and, as a Rupture can never fall down without exposing the patient to pain and danger, the necessity and importance of an efficient bandage at all times, must be manifest. It is not merely the preservation of a patient's ease, but upon it the very safety of his life must depend.

Altho' the worst consequences naturally follow the neglect of Ruptures and the application of the trusses commonly made use of *, yet if the most proper bandages be used too long, they will become improper, and may prove dangerous. Even the alteration produced in the pad by continued pressure will render them inadequate ; and as it is necessary to make the pad of soft compressible substances, it will lose its form, and there-

* Since the publication of the first edition of these Essays, I have attended a patient whose Rupture came down *in seroto*, and measured *Thirty-six inches* round. He had been referred to truss-makers, and had had trusses and bandages of different sorts. This Rupture came to this enormous size in the course of five years. Dr. Osborne and Mr. Hodges saw this case with me, and measured it also. This man was one of the many who have fallen sacrifices to the ignorance and presumption of truss-makers.

fore must be attended to. Some authors tell us of making the pad of ivory, silver, &c. and I have seen such bandages ; but no surgeon of skill or humanity would apply them, as there is the greatest danger of their producing diseases in, or, a dissolution of the testes.

It is well known, that the proper treatment and consequently the success attending the greater number of accidents and diseases which form the more immediate province of the surgeon, depend in a great degree, if not entirely, on the judicious application of bandages—that the improper application of a bandage in the treatment of ulcers will impede or prevent a cure—and, that the improper application of a bandage in the cure of a fracture of the leg, &c. will prove not only detrimental but even fatal, to the loss of limb or life—But surely no surgeon will pretend to say that the application of the proper bandages in any of the other accidents to which the human body is liable, is in any degree so difficult as that which is necessary to render a Rupture case safe and secure against the natural accidents to which it is exposed.

If a bandage be applied too tight in a fractured leg, the formation of the *callus* may not only be prevented, but a mortification may be brought on, and the patient's life endangered, or at least the loss of the limb will follow. If the bandages be applied improperly loose, the case will most probably terminate in a distorted or a useless limb. Yet in the cases of fractures none of these ill consequences are very difficult to be averted, because the pain will most probably give notice, sufficiently early, to remove the cause and to prevent the ill consequences that would succeed. But how is it with a Rupture? In the first place, if the disease be left to itself it is in certain danger of a strangulation; and in truth, a patient with a Rupture down, and consequently liable to inflammation, lives in such a state of perpetual hazard, that every surgeon of knowledge and experience must know, that he is liable to be cut off every day. In short, such a life is not worth a week's purchase, and therefore the patient's immediate safety renders judicious assistance necessary. But if
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by way of being sure of keeping the Rupture up, the pressure of the bandage be too strong, or, if it be not too strong, but presses improperly, it will endanger the destruction of the testes; and if the pressure be not adequate, the hernia is liable to fall down, and in that way it is immediately exposed to all the ill consequences that can attend the disease.

A disorder thus circumstanced, necessarily requires the skill of a surgeon in as great a degree as any man is capable of attaining it. From workmen, therefore, even when they use their best endeavours, no safety can be expected, much less depended on; but, that every ill consequence must follow from their ignorance is a truth confirmed by daily experience.

We find the following passage in Mons. Arnaud's Treatise on Ruptures :—" The care
 " of such patients has been committed to *com-*
 " *mon workmen*, who pretend to a right of un-
 "dertaking the palliative cure of Ruptures by
 " the application of trusses, *such as often prove*
 " *more dangerous than useful.* These persons

“(trussmakers) not having the least idea of
“ anatomy, nor even of the parts to which
“ they apply these machines; and having no
“ knowledge of the diseases for which trusses
“ are so useful, when they are well contrived,
“ cannot but do a great deal of mischief.”
Respecting the constructing of trusses, he says,
“ But yet, to succeed in this work, one must
“ have a knowledge superior to that of com-
“ mon workmen; a knowledge only to be
“ acquired by the study of anatomy. He
“ that has not an exact idea of all the dif-
“ ferent configurations of the bones must ne-
“ cessarily be deceived in the construction of
“ his trusses,” and, that Geigerus, Scultetus,
Fabricius, Hildanus, Fabricius ab Aqua-
pendente, &c. had done important service
by leaving to posterity the models of their
trusses.

Mr. Pott, on the subject of trusses, says,
“ In the making and adjusting this kind of
“ bandage, some ingenuity is necessary; if it
“ be not so made, and so put on as to do
“ good, it will do harm: if it does not keep
“ the intestine up, the patient is much more
“ liable

“ liable to mischief with it than without it ;
“ and it has often, by pressing on the Rupture
“ while down, proved very pernicious in cases
“ where there has been no degree of stricture
“ from the tendon, &c.”

When a Rupture cannot be perfectly cured it is some satisfaction to know, that, by the judicious application of proper bandages, a surgeon will be enabled to preserve his patient not only from the dangers but even from the symptoms of the disorder. This kind of relief, which is called the palliative cure, if it be performed with skill and continued with the necessary attention, will enable the patients to perform all the functions of life with very little inconvenience to themselves.

But surely it would be absurd to expect this ease or this safety from the method in which trusses are commonly constructed and applied. I say commonly, because workmen utterly ignorant of the nature of the disease are commonly employed to make trusses for surgeons, and frequently presume to apply them; from which presumption, together

ther with their ignorance, the most miserable consequences happen to those who survive, and they often terminate in the destruction of the patient.

Altho' we find that Ruptures are in themselves disorders of such hazard and requiring the strictest attention of the surgeon, yet, it is certain that under proper treatment they afford no peculiar emolument to the profession. A Rupture does not become profitable (if I may be allowed the expression) until it has been mismanaged, and therefore an interested base-minded practitioner is not over-solicitous about such a patient till trussmakers and quacks have rendered his case incurable, or by bringing on a strangulation made the operation necessary.

In the first edition of these Essays I have said, that I had bestowed a great deal of time and study upon the Patent Elastic bandages invented by my father, and I added the opinions of the late Sir Edward Barry and Mr. Hunter respecting them*.

* From the late Sir EDWARD BARRY, M. D.

“ I Have seen some instances where Mr. BRAND's elastic trusses have been successful where others have failed.

EDW. BARRY.”

Had the elastic bandages never been invented, our anatomical researches could have afforded little more than the melancholy conviction that we knew a disease without being able to treat it with advantage or success.

Without the discovery of rendering the elastic property of steel subservient to the construction of hernial bandages, the endeavours of the most skilful surgeons must still have been baffled, and nothing like safety to the patient could be expected. The trusses and pieces of machinery formerly applied by very eminent surgeons were almost constantly insupportable. From applications incapable of being borne what success could be expected? Instead of wondering at the general failure to perform the cure of Ruptures, it is only matter of

From JOHN HUNTER, Esq. Surgeon-extraordinary to the KING.

“ I Have often examined, and seen Mr. BRAND apply his Elastic Bandages, in different cases of Ruptures, and I am of opinion, that his method of constructing and applying these applications, is on a principle more skilful and efficient, and consequently, that they are more important to the safety of the patient, than any that I have seen.

JOHN HUNTER.”

To Mr. BRAND, Surgeon, Soho Square.

surprize

surprize how patients could live under the torture which such barbarous contrivances must necessarily have produced.

The Elastic Bandages now adopted in the best practice were invented by my father. Upon this discovery, the basis of every improvement in the treatment of Ruptures has been built, and without it they never could have existed. This invention, like many others, was not the effect of accident, but speaks itself the work of a laborious mind whose genius was equal to the undertaking.

This invention was made at Aberdeen, in Scotland, as appears by a letter dated June 2, 1764, from Dr. Thomas Livingston, physician to the Infirmary there, a gentleman well known for his character and eminence. The same year Mr. Ranby, then serjeant-surgeon to the King, and surgeon to Chelsea Hospital, wrote a letter to my father which induced him to come to London to submit his invention to the faculty here. On his arrival, almost every surgeon of eminence not only
ap-



approved of his invention as superior to any other adopted before, but several gave their opinions, in testimonies which have been published, and convey a decided preference and recommendation of his elastic bandages as superior to all others. The opinions of the late Sir Edward Barry, M. D. and John Hunter, Esq. respecting them, I have already said I published in my first edition of these Essays; the other gentlemen were, Dr. Bromfield, Dr. Crawford, Dr. Kelly, the late Mr. Hewton teacher of anatomy in partnership with Dr. Hunter, Mr. Taylor surgeon to the Royal Hospital at Greenwich, Mr. Pinkstan, and others had also given their opinions to the same purport, all of which have also been published.

About the same time that my father came to London to publish his invention of the elastic bandages, Mr. Blakie from Paris appeared and offered his invention to the public. Mr. Blakie is well known in the philosophical world as a man of genius, and is said to have made some important improvements



provements in steam engines. He had dedicated his attention to the bandages applied in hernial cases, and his contrivance was certainly very ingenious, and as far beyond the trusses made by the workmen who call themselves trussmakers as might be expected from a man of real ingenuity. His bandages were elastic, but those I have seen were either so brittle that they were very liable to break, or so soft that they bent and were then fallacious. Tho' elasticity was the general description, yet in form and in principle my father's and his were totally different. Neither Mr. BLAKIE nor Mr. BRAND could be said to have borrowed from each other, because their inventions had hardly a resemblance, tho' each was intended for the same purpose.

Such was the fate of ruptured patients formerly, that the care of them was committed to a workman even at the Royal Hospital at Greenwich. The trussmaker, I have been told, used to attend once in a quarter of a year and gave out a supply of trusses; but as they were seldom proper to retain the complaint,

plaint, and put the patient to pain, they were so seldom used that it was not necessary to renew them oftener. At the time that Mr. BRAND and Mr. BLAKIE appeared in London together, the person who supplied Greenwich Hospital with trusses died, and it became an object for them to apply for this place, as affording the best opportunities of determining the efficacy of their inventions. Orders were issued out by the Directors of the Royal Hospital that the candidates should each have a portion of the ruptured patients fixed on, to try the effects of their inventions, and the appointment was to be determined by the success of their attempts. The trial was made, and the physician and surgeon gave their report so decidedly in preference to my father's invention, that he had the appointment. Had Mr. Blakie's invention been held in great estimation, his bandages would have been copied by the trussmakers; for some of these men are ready enough to impose their wretched machinery, and would call them of the same principle with Mr. Blakie's elastic

elastic bandages, as they have done of the late Mr. Brand.

The discovery of introducing the elastic property of steel into the bandages for Ruptures was certainly a most important acquisition to surgery. But those who imagine that elasticity of itself is sufficient are utterly mistaken. To temper a spring of a spiral form is not very difficult ; but a spiral spring will not do for a hernial bandage. The human body is not round, and therefore without executing and preserving an anatomical form, and determining the precise degree of force necessary, the elastic property of a bandage, instead of being advantageous, must be liable to become injurious.

The respect due to the ingenuity of a father, does not, I believe, carry me too far, when I declare as a surgeon, that his invention of the elastic bandages gives him the strongest claim to the gratitude of mankind ; that surgery, owes to him, the power of relieving and curing more effectually than it ever had, or otherwise could have done, the most difficult
and

and most dangerous disorder the human body is liable to. To this invention I owe in a great measure any advantage or success I may be supposed to have in the treatment of these disorders. I believe that I have gained such advantage as frequent opportunities of dissecting Ruptures can afford. I am now convinced that the anatomy of the hernia scrotalis published by one of the most eminent and modern writers on that subject is not a true representation of nature ; yet without the aid of this invention of elastic bandages I could not have treated these disorders with the success I have had ; and I am ready to allow that those surgeons who can treat Ruptures either with safety or success with the use of the trusses indiscriminately sold by truss-makers, have merit infinitely superior to any that I stand possessed of.

The RADICAL or perfect cure of a Rupture, is not merely replacing of the protruded parts into their natural situations, and retaining them there by the application of bandages, &c. but it comprehends the effecting

fecting such an union, or closing up of the defective, lacerated, or distended parts, (by which the viscera were permitted to fall down) that they again shall be rendered capable of supporting the viscera, within the abdomen, without a necessary assistance of bandages. It is by the perfect cure of a Rupture only that a patient is emancipated from the dangers of the disease. Without it, he cannot be considered as beyond the reach of hazard, as the palliative cure, however well performed, is no more than a temporary relief, dependent on many circumstances, but chiefly on the judicious construction of the bandage and its skilful application.

That the perfect cure of a Rupture is one of the most difficult, if not the most difficult in the whole province of surgery, is a fact which I believe is admitted by every surgeon of experience and real knowledge. But it is not only injurious, but highly disgraceful, to the profession of surgery to say or believe, that a Rupture is not a curable disease. The most eminent writers on this subject, however they may have differed in their *modus curandi*,

curandi, have agreed in this, that the perfect cure of a Rupture is to be accomplished by regular and judicious treatment.

When I aver that a Rupture is a curable disorder, I do not mean to assert that every case is curable, or that every surgeon is capable of curing it, any more than every surgeon is capable of extracting the cataract, performing the operation for the stone, or that for the strangulated Rupture. But if any surgeon pretends that a Rupture cannot be perfectly cured, he does something worse than proving his own incapacity. He misleads and deceives the patient; and if, by preventing him from applying for a perfect cure, he proves the cause of the patient's case becoming incurable, he does an injury which no honest surgeon can reconcile to his conscience.

Of all the cures, a surgeon is called upon to undertake, there is not one so inauspicious as that of a Rupture. It is a cure that requires as much professional knowledge, and is attended with more difficulties than any other, and yet it is the least advantageous to his chirurgical fame. For what patient is willing to promulgate the merits of a sur-
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geon

geon who cured him of a Rupture? or what surgeon would wish to wound the delicate feelings of his employer, altho' in almost all other cases it forms a chief part of the reward of our assiduity and skill to hear our success spoken of with gratitude and praise. These are the chief obstacles that operate to deter surgeons from cultivating the treatment of Ruptures; for few men are willing to encounter difficulties that are so commonly repaid with that kind of ingratitude, and a want of that kind of acknowledgement which philanthropic minds consider as the most valuable part of their rewards.

When speaking of the radical cure, I contented myself with asserting in general terms that a Rupture was a curable disease; but when I assert that a Rupture can be perfectly cured, it is not my meaning to say that therefore every Rupture is curable. This kind of reasoning would be as fallacious, as if we were to conclude that because the person who calls himself Dr. Raynes had *pretended* to have cured Herbert of Wandsworth of a *Rupture*, and actually advertised the *pretended*

cure

cure a long time as one of an extraordinary kind, therefore there was no such disease as a Rupture, because the fact relative to Herbert turned out, as the reader will see more fully very soon, that Herbert had never been afflicted with a Rupture, and that the whole pretence of Mr. Raynes having cured a Rupture was neither more nor less than an absolute fiction made use of for purposes too obvious to need pointing out.

The treatment of Ruptures has engaged the attention of the most eminent surgeons in all ages, and it has been considerably improved by the moderns. It would have been very happy for us, if a systematic theory sufficient to direct the less experienced practitioner in the prosecution of so important a cure, had been transmitted to us by writers. But the frequent complexedness of the disease itself, and the consequent variety in the applications that are necessary to fulfil all the intentions of the surgeon, form very great difficulties, if not insuperable obstacles, to such an undertaking.

That the cure of Ruptures, is not so generally understood as that of most other diseases, may also, I think, be in some measure accounted for, without leaving any improper imputation on the generality of surgeons, when we recollect how few opportunities, even the best mode of chirurgical education affords, of seeing these cases, when compared with the frequency of other accidents. A patient, afflicted with a Rupture, is seldom admitted into the hospitals but when it is necessary to perform the operation for the strangulation. I do not remember one patient, who was retained with a view to have the radical cure of a Rupture performed at the hospital, when I was a pupil.

Anatomical and chirurgical knowledge of themselves are not all that is necessary in the cure of Ruptures. To be well informed in the anatomy of the parts concerned, and to be familiar and experienced in the varieties that these disorders are subject to, must give advantages in the treatment of this as well as any other complaint that mankind are subject to; but the contriving, adapting,

adapting, and applying of bandages, although indispensably necessary in the treatment and cure of Ruptures, does not necessarily form an appertenance to the anatomist or the surgeon; and yet without this kind of knowledge, our success in those cases must be very precarious.

Every one acquainted with the nature of a Rupture must know, and every one afflicted must feel, that the radical cure ought to be performed if possible, and that no trouble or attention should be omitted to accomplish it. By this I do not mean to infer, that any operation is necessary, or that any mode of treatment should be adopted, that can be attended with the least possible hazard in itself. On the contrary, in performing the radical cure of a Rupture, although there are some restraints, yet if the treatment be proper, it can neither be attended with pain nor danger. Nay, such is the advantage of proper treatment in a Rupture case, that, if the radical cure should not take place, the patient must be benefited, as the palliative cure must necessarily be rendered more secure.

The radical cure of a Rupture is the only certain prevention against the ill consequences of the disease; yet it is but too true, that there are many cases which from the use of common trusses and mismanagement will resist every endeavour that surgery can afford to effect it.

There is a vulgar error that the Ruptures of those patients only, who are young, or at least under twenty years of age, are curable. Fortunately for mankind this is not true, and although I have seen the Ruptures of very young patients rendered extremely troublesome to cure, and even incurable by carelessness, injudicious treatment, and from having had bandages unskilfully applied, yet patients advanced in years are so far from being precluded from a radical cure, that almost every case which has not been very greatly mismanaged, with judicious treatment, will be successful.

But whoever imagines that the mere reduction of a Rupture into its natural situation, and the application of a bandage, is all that is necessary to ensure a perfect cure, must

must not be surpris'd at being disappointed. To perform the radical cure of a Rupture requires more knowledge, attention, and perseverance than is generally bestowed. It is a cure easily miss'd, and may be easily defeated; and certainly is not to be depended on, but is most commonly prevented by the method in which these disorders are usually treated.

To say that a Rupture is as curable as any other disease, would be advancing what certainly has no foundation in truth: for it must be admitted, that there are many Ruptures absolutely incurable, that is, incapable of a radical cure, from the causes I have already mentioned, and yet we see in the newspapers, advertisements from persons who pretend that a Rupture is as curable as any other disorder.

They, who pretend to do more than in the nature of things is possible, may be suspected of doing less than what can or ought to be done. I have read of a person who undertook to cure all the pensioners afflicted with Ruptures in Chelsea College. Such an attempt would have merited pity, had not

the means, said to have been made use of to establish such a pretended skill, been marked with indelible disgrace.

That men of desperate fortunes, destitute of reputation, and the principles of honour, should hold themselves out to the public with improper pretensions, I will not wonder : But that any one, whose situation gave him a claim to a more respectable distinction, should have suffered himself to be called the Rupture Curer to an hospital of Invalids, cannot but excite the contempt of every man, who either has the value of his own reputation, or the honour of his profession at heart.

Although there are frequent instances of Ruptures which cannot be radically cured, yet I have certainly found some cases curable, which had been deemed otherwise; and that even after they had been very inadequately treated for the palliative cure, and after patients had been tortured or trifled with for a great length of time with trusses applied by trussmakers.

Patients, who have no other means of obtaining information, upon this subject,

than what the daily papers afford, might be inclined to believe, from the bold and positive manner in which advertisers pretend to cure Ruptures, that they really had some knowledge of the matter; and, that from such persons a chance at least of obtaining a cure might be expected.

I shall now present the reader with a cure pretended to have been performed and frequently advertised as such. I say a pretended cure, because altho' these people are incapable of curing a Rupture, it is not to be supposed the disease is incurable. I publish the following case to shew the effrontery with which such pretenders address the public, and lie in wait for the credulous and unwary. The following case is not intended to expose the ignorance of the advertiser only. It is not the failure of the cure, but the dangerous consequences which followed his ignorant attempt that I mean to expose.

The following is the ADVERTISEMENT:

To Dr. RAYNES, Portland-street.

S I R,

HEARING of your great skill and success in curing of ruptured persons, induced me

to

to apply to you for the cure of a Rupture of upwards of twenty years continuance, which was thirteen inches and a half in length, and seventeen inches round; and, from being in that miserable condition, you have made a perfect cure of me. It is my desire that you will cause to be published the above remarkable case and cure for the benefit of mankind.

I am, Sir, your humble servant,

THO. HERRBERT.

Master Sawyer of Wandsworth, near London.

They who could believe in the radical cure of so large a Rupture, as described in the advertisement, must either be extremely credulous, or very ill informed. I was determined to go to Wandsworth, and make some enquiry concerning Herbert, and to try if I could come at the truth.

On the afternoon of 24th of June, 1776, I went to Wandsworth, accompanied by Mr. Cruickshank. When we came there, Herbert was out, but his wife told us she could fetch him, and that we might see him in
half

half an hour; and we proposed waiting at some inn until their return. As we were looking for a house to wait at, we passed the house of Mr. Squires, a surgeon at Wandsworth. I proposed to communicate the business to that gentleman, and to beg his assistance in the examination of the case. His being personally a stranger to us both, so far from appearing an objection, seemed rather to point out the propriety of such a step. It gave an opportunity, if the case proved *real*, to be more strongly confirmed, and if there was any thing *wrong*, to be more openly detected.

We fortunately found Mr. Squires at home, who readily acquiesced to our proposal, and politely desired us to stay at his house, and examine Herbert there. While we were waiting it was very natural to make some enquiry into Herbert's character, and it was no small satisfaction to hear that he was considered as a very honest industrious man.

When Herbert came he gave us the following account. That he was the person advertised to have been cured of a Rupture by

Dr.

Dr. Raynes. That the first he perceived of his complaint was after an accident of being thrown on the pommel of a saddle, when on horseback, and bruising the left testis. Some time after the part began to swell, and it continued encreasing in size for the space of twenty years, when he was induced to apply to the advertiser in consequence of seeing an advertisement concerning Price Jones, Esq. *

I asked Herbert how he knew the swelling to be a Rupture, and if any gentleman of character had told him so? He said, No; but that when he made his application to the advertiser, he told him that the disease was a Rupture. That at no time, not even in bed, had he been able to push it up, or make it less by pressure, that he had never been troubled with colic, sickness, or any disorder in the bowels, and in short that his chief complaint arose from its weight and bulk.

From what had already passed it began to be evident that Herbert's case had not been a Rupture.

* Enquiry was made at Dr. Raynes's house where this Price Jones, Esq. could be applied to, to confirm the truth of the advertisement of his cure; but the Doctor would not give his address.

Being asked if he had any objection to our examining the part, he very readily consented. A cicatrix, that presented itself on the fore part of the scrotum, tended to confirm our suspicion. We asked him if he had not a wound made there, he answered yes, and that the doctor pushed in an instrument, drew off a large quantity of water, and wounded him in a part that gave him most excruciating pain; that a very terrible fever succeeded, and he had been so ill that himself, his wife, and every body about him thought he would have died.

From what had passed, and a particular examination of the rings of the abdominal muscles, it was very certain that so far from Herbert's having been cured of a large Rupture, he had never been afflicted with that disorder, but, that what the doctor had first pretended to the patient, and afterwards to the public, to be a large Rupture, was in truth a very different disease, known by the name of hydrocele, sometimes indeed called a watery Rupture, being a collection of water in the tunica vaginalis testis.

As

As the hydrocele had only been drawn off by puncture, and as it did not appear upon enquiry that any other measure had been taken to ensure the radical cure, there was reason to expect a return of the disorder.

In about three months he came to my house, and told me that his complaint was come on him again as I had said; but it is easier to conceive than to describe the poor fellow's dejection and unhappiness at the discovery of his situation.

As I had concerned myself so far, I determined to take every step to have the case ascertained. I had it examined in the most general and public manner that the nature of the case admitted. I had several consultations with my medical friends at my own house. I took him on the consultation day to St. George's Hospital. In short, it was by all agreed that Herbert had not been afflicted, much less cured of a Rupture, as asserted in the advertisement.

Let us now take a short review of Herbert's case in either of the situations the advertiser, I think, must have been in respecting it.

First,

First, Either he knew the disease to be an hydrocele, or,

Secondly, He must have been totally ignorant of its true nature.

If he knew the disorder to be a hydrocele, why did he pretend it to have been a Rupture? And

If he did not understand the case, why did he venture to perform an operation?

If he really believed it to have been a Rupture, as repeatedly advertised, it is to be observed that the operation he performed was not only repugnant to every principle of surgery, but would in all probability have caused one of the most agonizing deaths that human nature is capable of suffering.

Herbert has never been well since. He is now justly to be considered as one of those victims of credulity who has only the prospect of passing the remainder of his days with a ruined health, and with accumulated disorders. It may give some pleasure to the reader to be informed that this unfortunate man recovered from the advertising Doctor the sum of 100 guineas, in the Court of King's-Bench *.

* He languished out the remains of a miserable life, and is since dead.

C A S E II.

A patient applied to me on account of the left testis being enlarged and diseased. The part had been bruised on the pummel of a saddle when the patient was on a journey, and at a distance from home. As the pain abated, he did as most careless people do, that is, he thought it would go off of itself, and consequently did not apply for proper advice, but left it to itself.

The swelling that came on in consequence of the bruise, however, did not entirely subside, and he had sometimes uneasiness in the part. He applied to an advertising doctor, who told him that the disorder was a Rupture, and he continued under his treatment about seven months. As the part continued to encrease in size, and was become more painful than before, he concluded that instead of getting better he was become worse, and consequently determined to seek for farther advice. The encrease of pain he ascribed to a lotion which the doctor gave him

to



to wash the part with, which had always irritated and excited pain when he used it.

What the real state of the part was when the patient applied to the advertiser I will not pretend to say, but when I first saw him it appeared to be a truly cancerous testis; it was enlarged, hard, and of an unequal surface, and the spermatic vessels were also affected. Even at the first examination there seemed very little probability of saving the part, and upon trial no sensible advantage was attained by fomentation, &c. and as the spermatic chord was enlarging higher towards the ring of the muscle, and as danger was to be apprehended from delay, I was obliged to advise the removal of the disease. Mr. Hunter in consultation confirmed my opinion, and I accordingly performed the operation. The patient did very well under the cure, and he has continued so ever since.

The advertiser also pretended to the patient that this diseased testis was a Rupture. Whether he mistook the case from ignorance, or

misrepresented it through craft, I shall not take upon me to determine. Every surgeon who has seen such cases must know, that if the patient had continued under the delusion, it is probable that the cancerous disposition would have got beyond the reach of the operation, and it would have been, in all probability, impossible to have saved his life.

Of the BANDAGES *commonly called*
TRUSSES.

RUPTURES, either from the negligence of the patients, unskilful treatment, and improper trusses, will often become so large, and the ring of the abdominal muscle will be so widened, as to frustrate all possible expectation of a radical cure. In these cases, as I have already observed, the only relief that they are capable of receiving, or that surgery can afford, is, to return the viscera carefully into their natural situation, and to support them constantly there by the application of trusses. In this view there are many

many cases that require or admit only the reduction of the parts, and the application of a proper truss, (and that to be renewed from time to time as it may be necessary) in order to secure the patient against the consequences to be apprehended from these disorders. But when I say that there are many Ruptures which require only reduction, and the application of a proper truss, although this is the common language, yet the uninformed must not think this is meant to insinuate that it is always very easily effected. There is more difficulty in the performing this kind of cure properly, and more diligence required to continue it, than is generally believed. I have seen cases of Ruptures which had defeated every attempt of the older surgeons to perform only the palliative cure for a series of years.

It is not my intention to go farther into the subject of trusses at present than to state the necessity of such kind of applications in the treatment of Ruptures; to enquire how far it is incumbent on us to be particularly careful that the trusses we apply are judiciously constructed; and to point out the hazard of not applying a truss where there is a descent.

The dangers arising from improper trusses is proved by reading the history of Rupture cases in almost all authors ; but I shall add some to the number that I have met with in my own practice.

Whoever is acquainted with the true nature of a Rupture must know, that the intestine can at no time be suffered to fall down without the danger of its being strangulated, and, that a strangulation can never happen without placing the patient in a situation that may endanger his life, or at least expose him to a severe operation. How can these dangers be averted from a patient ? The answer is obvious. We have no other means but by reducing the parts which formed the Rupture back into the abdomen, and supporting them there by the application of a proper bandage. It is not necessary to dwell longer or insist farther on the necessity of trusses.

As an hernia is constantly liable to fall into a strangulation when left to itself, or permitted to fall down, we also know, that it will be more liable to that kind of danger if a truss be not accurately adapted, and

and judiciously applied. And although we cannot prevent the falling down of a Rupture without the necessary assistance of a truss, it is no less certain, that if the truss should be *defective*, it will not only fail in its immediate and proper office, but it must expose the patient to those very ills, and that in an aggravated degree, from which it ought to preserve him. Most assuredly, therefore, we cannot be too careful in the adapting and applying of this bandage, because the safety and life of our patient depend upon it.

Although the reduction of a Rupture, and the keeping it up in its natural situation, be two of the most important steps towards establishing the security of a patient, so far as the Rupture itself is concerned, yet we must not from thence conclude, when this is accomplished, that all future attention is unnecessary, or that the case is free from all kind of danger. While the Rupture is kept up, and only then, it is free from the hazard of a strangulation; but there are other mischiefs to be apprehended and avoided.

The common idea, which indeed does not extend to a radical cure, is, that when a

Rupture appears, a truss is to be procured, and if it keeps it up we have done all that can be done. If the Rupture be incurable, certainly so far it is true, that reduction and retention is all that can be done; but we shall very often find, even when the Rupture is perfectly reduced, and the truss really keeps it up, that still serious mischiefs may take place. I shall be asked if a truss that presses so as to prevent the falling down of the Rupture be not complete? Certainly not; because a truss may perform this office, and at the same time be laying the foundation of future mischiefs; for independent of the injuries that are often done to the spermatic vessels, &c. I have no doubt but many Ruptures are rendered radically incurable by trusses that are capable of and do prevent the descent of the Rupture, from their producing a distention, instead of a coarctation of the parts through which the viscera fall down. I am aware that it will at first appear somewhat paradoxical, that a bandage which prevents the falling down of the viscera can render a Rupture incurable; but this is a case

in

in my opinion not merely possible, but so frequently true, that it forms one of the most common sources of incurable Ruptures.

The question that naturally occurs now is, what constitutes a proper truss? If by a proper truss we meant a contrivance whose proportions and construction were agreed on and fixed, so as to be applicable to all cases, the difficulties we now labour under in the treatment of Ruptures would be much lessened*. But this is not, nor cannot be the case. For independent of the different sizes and forms of different patients from infancy upwards, the various circumstances of the disease itself, the different thickness of the adipose membrane lying over the ring of the abdominal muscle, the very great difference in the openings through which the Ruptures protrude, the greater and lesser degree of pressure capable of restraining Ruptures in different patients, and of the same patients at different times, with other circumstances,

* The precise form being once established, the knowledge necessary to construct a truss upon anatomical principles might in some measure be supplied by close imitation, and truss-makers then would be less frequently the innocent means of destroying their employers.

that must also be attended to, will shew us that every case properly treated must have a truss constructed, adapted, and applied, to its own particular circumstances, and without which neither success nor even safety can be expected *.

With all these difficulties, yet under judicious treatment, there are very few cases of Ruptures but may be cured or relieved; and I am also of opinion, that if proper care be taken, it is hardly possible for a Rupture to become fatal †. Yet it is necessary to ob-

* I am now saying what every patient ought, rather than what is in his power to have done. It might be asked, what becomes of those patients whose situations abroad or in remote parts of the kingdom prevent them from making a personal application? Many are no doubt lost for want of proper trusses. Some, either by their surgeon, or themselves, by sending the measure round their waist, and an account of the case, are supplied with trusses, and for this purpose many surgeons correspond with me, and even patients whom I never saw. As success cannot be certain, the patient's chief reliance must be on the accuracy of principle with which the trusses are prepared, and, after all, patients are frequently obliged to come to town. Even very proper bandages must be attended with pernicious consequences from misapplication.

† I must now be understood to speak of such cases as have not been neglected or mismanaged; where the parts have not formed adhesions to the hernial sac, and are free from strangulation. Wherever these effects have taken place, so commonly the consequence of inadequate trusses, &c. no surgeon can say that there is not danger, or that the event will not prove fatal. But I take upon me to assert, if I may be permitted to allude to the success I have hitherto met with,

serve, that even a very trifling neglect, or mistake, or at least what most people at first would be inclined to think so, can bring on all the dangers, and the worst consequence of a strangulation; and we shall find that this is too frequently true.

A truss that is applied to support a Rupture, cannot be laid aside without exposing the patient to certain hazard. No patient ought to be without spare trusses by him, as in case of any accident happening to that which he has on, he must be left destitute, and consequently in danger. If a truss be worn so long that it becomes defective, it will then be equally dangerous with a truss injudiciously constructed, as it may let the Rupture fall down, and bring on a strangulation. It is no more than a proper piece of

with, that a Rupture is not necessarily a dangerous disorder provided it be judiciously treated, and properly attended to. I should be sorry to be misunderstood. It is by no means my wish to make any ostentatious parade of my success, but to advance an opinion that may alleviate useless apprehension, and in which I may hope my authority may have some weight. Under the circumstances mentioned I have never lost a patient, either in private practice, or among the great number of patients in Greenwich Hospital; where, among the pensioners, are probably more bad cases under the palliative cure than are to be found any where else.

prudence,

prudence, in every patient who has been perfectly cured of a Rupture, to wear a truss as a prevention ; but no prudent man or woman will engage in exercises of exertion, whether in business or pleasure, without having a truss on if ever they have had a Rupture. The trifling inconvenience of a bandage, sufficient to prevent the return of a Rupture, is nothing, when we consider the danger of the return of a disease so difficult to cure and so unhappy in its consequences.

Those who see few of those cases will hardly believe how soon mischief will arise, where proper attention is not given, and where the trusses are not judiciously constructed, and very carefully applied. The poor, who are mostly exposed to Ruptures, and are commonly but ill provided in these kinds of applications, afford many sad proofs of the ill consequences of the common trusses ; consequences which, from the nature of the disease, must be expected sooner or later, if it be not judiciously treated, and constantly attended to.

C A S E

C A S E IV.

A PATIENT, about forty-five years of age, in other respects healthy, applied to me on account of an hernia inguinalis on the left side. It had at times given him a good deal of trouble, and he had suffered the common inconveniences of improper trusses. The disease was to all appearance incurable in a radical sense; it could be perfectly reduced, and it was necessary to apply a proper truss to prevent its descent. In a short time he felt neither pain from his complaint, nor any inconvenience whatever from the trusses that I applied. I gave him a very strict charge never to trust himself without his truss, except when lying in bed, and to apply for another as soon as that which he had on became defective from use. He conducted himself with very proper attention above two years; during which time I saw him when it was necessary, and he was as easy and free from complaint, by the application of his truss, as if he had no disorder. He thought that he had had enough of my care,
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and that he was now very capable of judging for himself. As he found no inconvenience from his Rupture for some time, he imagined himself cured, and that it was needless to continue wearing a truss any longer; and when the last truss was worn, he thought it unnecessary to apply for another, and determined to go without.

The day that he left off his truss he was engaged to dine with a party on an island near Brentford. All the morning, and while he was on his way there, he felt nothing of his Rupture, but in stepping out of his boat he perceived a push at the ring. This however gave him no uneasiness at first; but finding he could not press it up again, he took an early opportunity of returning to town, and went to to bed.

Although he began to be in pain, he did not send for any assistance that night, as he was in hopes, he said, that it would go off, and that in the course of the night he would be able to get it up again as he had been used to do. He said that he felt himself a little ashamed at first to send for me, as he had done what was contrary to the instruc-

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tions I had given him. During the night he had cholicky pains, and an inclination to vomit, and at ten o'clock on Wednesday morning he sent for me.

I found a descent not larger than a walnut, and he had by trying to put it up, already made the part tender to the touch. I endeavoured to reduce it, and was foiled; I repeated my efforts again and again, and still was unsuccessful. I immediately took away twelve ounces of blood from the arm, and ordered a purging enema. The bleeding gave him some relief, but it was of very short duration; the symptoms went on, and not succeeding in my endeavours to reduce the Rupture, I desired a consultation, and MR. HUNTER was called in.

MR. HUNTER tried, and was also foiled. We immediately ordered a bathing tub to be got ready, and in the mean time warm fomentations were applied to the groin. The warm bath gave him a little ease, and while he was in, I tried to reduce the Rupture, but with no better success than before. In the course of the afternoon and evening I bled him twice, and we ordered another enema

enema to be thrown up; and as the parts were now very tender from the necessary pressure, we desired the fomentations to be continued.

Thursday. Every endeavour to reduce the Rupture had hitherto given us no hopes of succeeding by the hand, and the symptoms were now become very formidable. In the course of the day the tobacco enema had been thrown up, and ice applied to the Rupture without any advantageous effect, and now every moment lost was certainly of consequence. It was concluded that the operation was necessary, and it was proposed.

The patient begged that we would repeat our endeavours, and that he would suffer the pain a little longer rather than submit to the operation. We represented to him that a loss of time was now of the highest consequence, that a renewal of our efforts to reduce the Rupture might do an injury to the parts, and that a very few hours might place him beyond the benefit to be expected from the operation. He would not be prevailed on. MR. HUNTER came three times in the course of the day, and I remained all

day with the patient, in order to watch the change of symptoms, and to take every opportunity, as the fomentations were removed, to try to reduce the Rupture. The part became softer, and less painful to the touch, but still the symptoms were not abated, and the patient would not agree to the operation. We desired MR. HAWKINS, now SIR CÆSAR HAWKINS, to be called in.

Friday. We met; SIR CÆSAR HAWKINS to a dignity of manners added a suavity of address, that could seldom be resisted. He was of our opinion, but he could not prevail on the patient to submit to the operation. He tried to reduce the Rupture, and was also defeated. The part was now less painful to the touch, and seemed rather smaller than it did before, and the symptoms were less violent. The first change was far from being favourable, and the last was not to be depended on; yet they so elevated the patient that he would listen to no proposals for the operation. It was agreed to give him a smart aperient mixture, to be taken a spoonful at a time, and it was thought proper to bleed him again.

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After the third time of taking the medicine, which did not pass, he was attacked with a more violent vomiting than before. We were convinced that the intestine was still confined, and yet upon examining the part it was become so much softer and smaller, that it was difficult to say what the precise state of it now was. As yet that crepitation which marks gangrenous disposition could not be felt. The operation was again urged, and again rejected. I staid with him 'till about one o'clock in the morning, and at five o'clock he sent for me again.

Saturday. The patient exhausted with pain, and sinking very fast, was now as desirous of having the operation performed as he had been averse to it before. I sent immediately for SIR CÆSAR HAWKINS and MR. HUNTER. Altho' the success of the operation was now extremely doubtful, yet, bad as it was, it was his only remaining chance. MR. HUNTER operated. Upon laying the hernial sac open, a very small portion of strangulated intestine was discovered highly discoloured. A slough had been formed on it rather less in diameter than a six-pence, and about the centre it penetrated

netrated quite into the intestine. When the stricture was set free, the contents of the intestine issued through the aperture. A ligature was passed into the mesentery to secure this opening in the intestine to the ring of the muscle, the wound was properly dressed, and the patient, who was very low, had a cordial medicine ordered him. After the operation he said that he felt himself much easier.

About five o'clock in the afternoon he died, attended with those symptoms that precede death in similar cases.

On Monday we examined the body. There had been just enough of the intestine jejunum down to include the whole canal in the stricture. The viscera in general had partaken of the inflammation, and there was some bloody water in the cavity of the abdomen.

Had this gentleman followed the directions that he received in the first instance, and taken care to continue the application of proper trusses, it was hardly possible that

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he could have fallen into the state of a strangulation. If he had sent for assistance immediately on his return home, it is probable that the Rupture might have been reduced before it became so much inflamed as it was in the morning when he did send. And if he had submitted to the operation when it was proposed, even after all his life might have been saved.

C A S E V.

A Person in business, about the middle time of life, in lifting some goods that were heavy, occasioned a double Rupture. He was recommended to me. I reduced it, and applied a proper bandage to prevent its descent. With this kind of application he continued his business as well as if he had no such complaint for two or three years; and only called on me as he found it necessary to have his bandage renewed.

On one of these occasions he was induced, from a notion of œconomy, to purchase one of a man who pretended, and advertised, to
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make trusses on Mr. Brand's principles, and the patient concluded that he could trust to his own experience of the matter to judge of its being proper or not. He applied it with confidence, but was mistaken. The bandage, although it had a resemblance, was sufficiently destitute of the necessary principle of construction to let the Rupture come down under it on both sides, and occasioned as violent strangulation as I ever saw, particularly on the right side. He endeavoured to reduce it himself in vain, and became very ill, and he sent for Mr. SHELDON, senior.

Mr. SHELDON desired that I should be sent for; and in order to save time, he drove immediately to my house, found me at home, and we returned together. The patient was extremely ill, and such an inflammation had come on, that it was with very great difficulty that I could reduce the Ruptures, particularly that on the right side; and I believe the reduction was effected but just in time to save his life. He was some time in recovering. He had a proper bandage ap-

plied once more, and I believe he has not exposed himself to the same kind of hazard since.

C A S E VI.

May 24, 1780, about half past ten in the morning I was desired to attend a patient at St. Martin's-Lane, who had been very ill all night. He told me that a Rupture, with which he had been troubled some years, had fallen down the evening before; that he had not been able to put it up again, and had passed the night in very great pain, attended by sickness and vomiting; and finding himself still worse in the morning, he had sent for Sir Wm. Fordyce, who finding the case a strangulated Rupture, desired him to send for me.

I found a hernia scrotalis on the right side about the size of a swan's egg, or rather larger, strangulated, and highly inflamed. I immediately proceeded to reduce it, and in a few minutes, without putting the patient to very great pain, or much difficulty
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to myself, returned it. The patient said that he found himself much easier, and gave me the following particulars of his case :

That his Rupture first appeared when he was sixteen years of age, and he was now upwards of thirty years old. That when it first came down he was sent to a truss-maker, and told that by wearing a bandage he would be cured. He had, however, instead of a cure, not been able to have it kept up ; and as it used frequently to get under the pad of the bandage, it continued to encrease in size, and he had gone on above fourteen years in this way, applying to different truss-makers.

About a year ago, or rather better, he said he had been recommended to me ; that I immediately reduced his Rupture, and applied a bandage, with which he had been easier than he had ever been before since he had been afflicted with the Rupture, and that it had never come down from that day until last night.

I asked him if he had the bandage on at the time the Rupture came down, and he said yes. I begged him to shew me the truss,

concluding that from use the structure of the pad had been worn away, or that the spring had received some injury. He took a truss from under his pillow, and gave it to me. I told him that he must have given me a wrong truss, as I certainly never had applied such a truss; and besides that, from its appearance, instead of having been used a year it could not have been worn above a day or two; but he told me he would soon explain how all this was.

When he applied to me, he said, I told him that his case was now past the probability of a perfect cure, and that he must wear bandages constantly as long as he lived; that I had desired him to call upon me again the next day; but finding himself very easy, and his Rupture quite up, he thought it was not necessary, and had not called. That the truss from use had become so worn and disagreeable, that he took it to a truss-maker to get it new-lined, as he called it; but that in doing so, it was somehow altered from what it had been before; for that putting it on, and being engaged to go to the play the preceding evening, he there found himself
a little

a little sick about nine o'clock, and soon perceived that the truss had let the Rupture get down under it; upon which he came home.

By the time that he got home he complained so much of a pain in his bowels, that the gentleman of the house gave him a glass of rum or brandy, thinking it a pain proceeding from the colic. He was no better, and went to bed soon after. Finding himself in greater pain, he sent for his apothecary, who very properly bled him; and for what reason I do not understand, a blister was applied to the abdomen. No manual attempt had been made to reduce the Rupture, the patient passed a terrible night, and in the morning Sir WM. FORDYCE being called in, ordered the blister to be taken off, directed a fomentation, and desired them to send for me; but could not wait until I came, being obliged to visit a patient out of town.

The truss had been spoiled, and its efficiency destroyed. The patient was now lamenting his imprudence in not keeping well when he was so, considering what he had suffered

before he had been recommended to me, and blamed his ill-timed parsimony; for it seems he had taken the truss to be lined only to save the expence of a new one. He begged I would apply a proper truss again, and that in future he would take care to avoid exposing himself to a similar misfortune.

I have already said that I very soon reduced the Rupture, and that the patient felt himself easier. The symptoms had been very violent, and their last consequence was taking place rapidly. His pulse was already scarce perceptible, and he was sinking very fast to dissolution. It was painful to hear a man troubling himself about trusses when his period was so near, but he was not sensible of his danger.

Under pretence of going for a truss, I left the room in order to acquaint the patient's friends of his situation; but as they had just heard him speaking so well, they would scarce believe me when I told them that I did not expect him to live an hour. I desired, if they wished for a consultation, that they would send immediately for any gentlemen
they

they might wish to be called in. In thirty-two minutes he died *.

Next day I opened the body. Sir WM. FORDYCE and some other gentlemen were present. That portion of the intestine (ileum) that had been bound in the stricture was very deeply discoloured, and the intestines in general had partaken of the inflammation. But no slough of any part of the intestinal canal had taken place so as to permit its contents to be shed into the cavity of the abdomen, and the rest of the viscera had every appearance of soundness and health.

* Whether the alteration of this truss ought to have been imputed to wilful baseness or ignorance, I did not conjecture. But the truss-maker who stands convicted in the Court of King's-Bench as the author of a false, scandalous, and malicious libel, against my character, in consequence of his having published a curious pamphlet, entitled "Remarks on Mr. Brand's Chirurgical Essays, &c." in p. 17, takes upon him to know enough of this unhappy case to *allow* that *this truss might have been altered*; or, as he endeavours to soften the matter in a few lines after, it *might have been UNINTENTIONALLY altered* as I have said. Whether the truss was intentionally or unintentionally altered he may know best; and it may be some consolation to the friends of the deceased to learn, from so respectable an authority, that the alteration, which converted the bandage I had applied into an instrument of death, was *not* intentional; and, considering that this worthy personage is not remarkable either for his modesty or veracity, it may be admitted as some degree of negative merit on this occasion, that he has not even attempted to deny the melancholy fact—namely, that the alteration made by the truss-maker on the bandage I had applied, proved fatal to the patient.

Exempta juvat spinis è pluribus una.

HOR.

CASE

C A S E VII.

August 6, 1780. A person came to my house, desiring that I would go immediately to Wandsworth to a patient with whom Dr. Rose, of Putney, had just been, and who had desired him to send for me.

I found a very strong man, about forty-five years of age, who gave me the following account of his case. That about ten years ago he discovered a Rupture on the right groin, for which he applied to a surgeon of eminence in London, who sent him to a truss-maker. He had had several trusses, but his Rupture had not been kept up properly, and he believed he fretted so much about it, that he brought on another Rupture on the left side; for he found that one came down on that side soon after. For the double Rupture he had also worn many trusses, but was so unsuccessful that the Rupture had several times fallen down under it, and had given him considerable pain, but not so as to lay him up, as hitherto he had been able to reduce it again whenever it came down.

Two days before I saw him, as he was riding from London to Wandsworth his horse

horse fell down, and threw him. The truss, instead of supporting the parts properly, had pressed on the Rupture so as to bring on a strangulation. He came home, and was attended by his apothecary; but what had been done, I do not know. Dr. ROSE had been called in, as I have already said, and then I was sent for.

By the time that I saw him he was dying. But he was so little aware of his danger, that he was up, and had his cloaths on. He had suffered the symptoms of strangulation, and his Rupture was still down on both sides. That on the right side I reduced without much difficulty, but the Rupture on the left, which was the most recent, gave me a great deal of trouble. I applied a bandage in the afternoon to prevent its falling out again. He died early the next morning. I could not examine the body after death.

C A S E VIII.

Mr. HUNTER called on me one evening to desire that I would go up to Bond-street to see a patient for him, concerning whom he that instant had had a note put into his hand from Sir WM. FORDYCE, to acquaint him of his



his having just seen a poor man who was perishing for want of assistance of a strangulated Rupture; and requesting, if he could not go immediately himself, to send somebody as soon as possible. Mr. HUNTER being engaged, desired me to go.

The patient's name was Joseph Caballo: he was an Italian hair-dresser, and lodged at an apothecary's in New Bond-street. He seemed to be about thirty-five years of age, and had been afflicted with a scrotal Rupture on the right side several years. He had had trusses applied both in Italy and England, in that inadequate manner which is but too common, and too frequently the source of unhappy consequences.

His business obliged him to run about a great deal, and his Rupture used frequently to slip under the pad of the truss, and he always took the first opportunity of putting it back again: in this way he had been accustomed to go on with it, sometimes up and sometimes down, ever since he had been afflicted with the complaint, till at length he imagined there was no danger in a Rupture.

Nine days before I saw him, the Rupture came down under the truss; and when he tried to put it up again, he found that he could not succeed. The pain obliged him to go to bed, where the symptoms of strangulation soon came on. He had not been attended by any surgeon that I know of; however, he said that he had been bled twice; a purging medicine was also given him with a view of procuring stools, and Sir WM. FORDYCE had just been desired to visit him, who immediately wrote to Mr. HUNTER, as I have mentioned.

What manual attempts had been made to reduce the Rupture, besides those the patient made on himself, I do not know. If any had been made, they had not been successful, and the point of time in which a rational expectation could have been formed of saving the patient by the operation, had escaped. All hope of relieving the strangulated intestine, and returning it into the abdomen, in order to perform its functions again, was now past; for, upon applying my hand to the groin, that dreadful crepitation, the sure
mark

mark of gangrene within, struck me with that horror which any man, not lost to the feelings of humanity, must suffer, at seeing a fellow-creature almost in the center of the metropolis, who had suffered all the tortures of a terrible disorder in its worst situation, without a skilful or judicious attempt to relieve him having been made for nine days, and now in all appearance he was dying for want of such timely assistance. A person came into the room, (but who he was I neither knew, nor did I take the trouble to enquire) and asked me if I did not think that bleeding him would be of service. I believe I did not answer so absurd a question with patience.

Those who know or have seen what a patient suffers from a strangulated Rupture, would almost pity the man who could live nine days in so dreadful a situation. The patient was still sensible; but he had a cadaverous countenance, his eyes were sunk in his head, with a cold dew hanging in large drops on his face, and all together he was as pitiable a spectacle as human nature could be

be transformed into, or the mind is capable of conceiving.

The poor fellow, worn out with pain and want of sleep, seemed now quite calm and resigned. He asked if any thing could be done for him. If an operation was necessary, he said he did not know what he should do, as he was destitute of the means of employing a nurse or any one to wait upon him. The parts in the hernial sac were evidently mortified, and in all human probability the patient had very little time longer to suffer. The only chance of life remaining, and that an improbable as well as a very melancholy one, was, by laying the hernial sac open for the mortified part of the intestine to be removed, and the fœces to be discharged at the groin.

I ordered a couple of chairmen, who instantly carried him to St. George's Hospital, where Mr. HUNTER soon came. Upon his laying the hernial sac open, part of the mortified intestine came away, and also a quantity of fœces was discharged at the wound. A light dressing was applied, and a poultice

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was put over the whole, and Mr. HUNTER ordered him an anodyne draught, and left him.

Next morning I went to see him, and expected to have found him dead, but he was alive and better. Without entering farther into the history of this case, suffice it to say, that the patient has passed his stools at the groin ever since, which has made him extremely offensive to himself and to those about him.

Caballo remained a patient in the hospital about two years, and then was discharged. Mr. HUNTER at two different times endeavoured to unite the ends of the intestine; but the operation was not successful, although unquestionably performed in the best manner.

This poor man is now incapable of providing for himself. Whenever he sits up, the intestine protrudes, inverts, and gives him so much pain that he is obliged to lie down; nor can he bear a sufficient degree of pressure on the part to prevent its falling down, so as to be able to sit up constantly,
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for I endeavoured to assist him, but was not so happy as to succeed *.

I have lately seen an advertisement in the newspapers, from this unfortunate man, soliciting the charity of the humane, and the last time that I saw him he was sitting in a chair in Leicester Fields for the purpose of receiving alms. The decency of his appearance was not suited to excite compassion from the multitude, and modesty prevented him from exposing his dismal situation. Such is this unhappy man's case, originally brought on by an improper truss.

It is hoped there are many who wish to contribute their mite to the alleviation of such united misery and indigence; and give me leave to assure such, that human nature can hardly furnish a calamity more dreadful, or charity discover an object more fitted for its benevolence.

* At Paris I was shewn a truss for this particular misfortune, with a hollow pad, and a receptacle added to receive the fæces. But I never saw one applied, nor do I believe it will answer the purpose in general; at least it would not in this case, as the gut protruded, and occasioned such uneasiness as to oblige him to take it off.

C A S E IX.

A Gentleman in the city applied to me on account of a large Hernia Entero Epiplocele scrotalis on the left side. He had had the disease a long time, and trusses had been applied in the usual way. They seldom had kept the Rupture up, and consequently gave him a good deal of uneasiness; 'till at length the difficulty of keeping up the complaint became so great, or the trusses were so deficient, that he was obliged, from the uneasiness he suffered, to leave them off, which he had done entirely several years; and since then he had been advised to wear a bag truss to suspend the weight of the tumour, which was all together near the size of a quart bottle.

Upon a cursory examination, very little, or indeed no hopes of relieving this case could be formed. The patient complained that he was frequently subject to violent colics, sickness, and pains in the groin, which obliged him to go to bed immediately when they came on; and in short, he was in so precarious

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and so uncertain a state, that he could not depend upon being easy a day together, however composed he might keep himself.

All these symptoms undoubtedly arose from the obstruction that some part of the intestinal canal suffered, by being pressed in the ring of the muscle, and occasioned the pains he complained of. But the Rupture had not been entirely reduced, several years; and as the trusses had pressed on the descent, it was therefore most probable that such adhesions had taken place, that it would now be impossible to give him any relief.

I examined the case with attention, and found that after some difficulty I was able to reduce the intestine, which I effected entirely; but the omentum, at the lower part of the hernial sac, was so consolidated into a rounded hard mass, and was so large, that from its size alone it forbad all reasonable expectation of its ever being returned.

As soon as I had been able to reduce the intestine, I ventured to give the patient a very favourable prognostic. I knew that by keeping up the intestine I should be able to

remove the painful symptoms that he laboured under; but I also knew that this would be extremely difficult to effect. When I told him that I believed it was in my power to prevent those painful symptoms he complained of, he observed, that I promised him a great deal; and although it was his interest not to doubt me, yet he wished, if I had no objection, that I should consult with some other surgeon on the case. It was agreed, that when he went home he should enquire among his friends, and send to a gentleman to meet me next morning at his house at ten o'clock; but, if he could not fix a meeting at that hour he was to let me know. I ordered him to take an opening medicine, and to keep in bed in the morning until we should meet.

I went to the time, and found Mr. SHARPE by the bed-side. It must ever be the advantage, and it ought to be the ambition of every one to meet, and submit their opinions to gentlemen of larger experience; and where an integrity of intention is evident, even inferior skill has a right to expect candour.

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The patient, who had left me the day before full of hope, had now a very dejected countenance. He had, it seems, informed Mr. Sharpe, previous to my coming, of what had passed the day before, but he received no encouragement to expect success. I was not, however, conscious of having given a hasty opinion, and I begged, if Mr. Sharpe saw any impediment to the relieving this case more than the difficulty it might be attended with, to be informed of it, and that I was ready to listen to any objection that his better knowledge, or greater experience might suggest. None, however, were offered to alter my opinion, and Mr. Sharpe civilly allowed that I might have seen such a case before, as he understood I was paying attention to these disorders, and therefore that I was the best judge what I could do.

It cannot be a pleasing circumstance to set out in the treatment of any case with a patient who has not the fullest confidence in the practitioner. A prejudice either against his opinion or his ability is a proper reason for any surgeon's not proceeding until it be done

away openly and fairly; and if it cannot be removed, it is a duty which every gentleman owes to himself, to resign the patient to the care of those in whom the necessary confidence can be placed.

In this case I was particularly situated. I had given the patient reason to hope for the removal of a very painful, and I may add a very dangerous disorder, and there was not that inducement for me to leave him as if another had proposed to do more for him than I could; for the case had been given up by those who had seen it before me; and although Mr. Sharpe did not directly say that nothing could be done, yet he seemed to have so little expectation of success, that it appeared to raise a prejudice by no means in my favour.

To take up a case that had been resigned to its fate; which, in the most favourable circumstances that it is possible to conceive such a kind of Rupture to be, must always be difficult to relieve, from the lubricity of the omentum, lying in the passage of the hernial sac, rendering the intestine very liable

to slip down, and very difficult to keep up: when it is considered, that the degree of pressure must be limited and applied with the utmost circumspection, for fear of bringing on such symptoms as the pressing injudiciously on the omentum must endanger, and yet, that that pressure must be adequate to prevent the intestine from falling down, otherwise instead of removing the disorder, it must be aggravated: add to these, that the patient was a lusty man with a plentitude of abdominal viscera, which added greatly to those difficulties: that I, who was very early in practice, (for this gentleman was one of my first patients) did not acquiesce with a gentleman whose opinion would have relieved me from so difficult a piece of business: I will confess, that taking only these circumstances into consideration, my proceeding had the appearance of presumption. But I had just left a master who teaches his pupils to judge for themselves, and not to be merely the passive instruments of other men's opinions, however high their consequences may be.

I had some trouble, and I was successful.

C A S E X.

The late Mr. Else, one of the surgeons of St. Thomas's Hospital*, did me the honour to desire that I would meet him there to see a patient who had been confined to his ward for some time on account of a Rupture. His name was John Evison. In his account he said he had belonged to the hospital, in different employments, above twenty years; that about twelve years ago he was beadle, and in helping to carry a sick woman up stairs, he occasioned a Rupture on the right groin. For this Rupture he had had trusses applied from time to time; however, they had not been sufficiently adequate to prevent the increase of the disorder. He had sometimes suffered those griping pains in the bowels which are common in such cases, and about a year and three quarters before I saw him the Rupture fell under the truss, which produced a strangulation. For the strangulation he had been treated with that success, which it is reasonable to expect, where such eminent surgical assistance was to be met with; the

* And Teacher of Anatomy.

operation had not been necessary, but it seems that he had been in great danger. I was also informed that Mr. Elfe, whose week it was to attend accidents, being engaged, Mr. Smith had attended Evifon for him.

Some time before the strangulation, Evifon found it difficult to have his Rupture kept up; but since that time, he had not been able to get it kept up at any rate. The truss-maker had taken a great deal of pains to make trusses, and Mr. Elfe was tired of giving him directions.

Evifon said he lived a sad life; for that now, whenever the Rupture came down, he suffered so much pain, that he was obliged to lie down immediately to put it back again; he could not, even with his hand, prevent it's coming down but a very little time when he sat up; and the trusses gave him so much pain that he could not keep them on, and in short, for the last twenty months, he had been obliged to keep almost constantly on his bed.

This was the situation in which I found Evifon, a man above sixty years of age, and only

only one circumstance in his favour, which was, that no adhesions had taken place. It was on the 12th of Sept. 1777, when we met, and I was then under an engagement to set out for Paris the 18th, an engagement which I had already been obliged to postpone, and could not put off again, it was therefore not in my power to do any thing for Evison at that time. I gave my opinion, that I made no doubt but the case would admit of the palliative cure; that is to say, that the descent could be entirely kept up, and consequently that the painful symptoms and danger occasioned by the Rupture would be relieved, and prevented in future. I advised them to let the truss-maker go on making trusses, and, if Evison received no benefit, I promised to relieve him on my return.

It was the 15th of December when I saw Evison again, and found him just as we had left him; and then I also met Mr. BAYNHAM, who assisted Mr. ELSE in his anatomical pursuits.

Without making any parade, let it suffice to say, that in less than a fortnight I enabled Evison to quit his ward. His Rupture was compleatly constrained, and he was entirely

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freed from all the disagreeable symptoms of his disorder. Evifon was again able to do his business in the hospital, which I understood was now that of assistant surgery man. His case required a great deal of care to maintain the palliative cure, and frequent renewal of his trusses, which he applied with very proper attention. The last time that he came to my house was the 30th of October last, when he wanted a new truss. It was then almost four years since he left his ward, nor has he had the least trouble from his Rupture ever since; and notwithstanding he is sixty-eight years of age, he is able to continue in his place at the hospital.

C A S E XI.

A Gentleman of fortune had a hernia scrotalis above forty years. The radical cure had not been performed; and altho' he had had trusses applied very constantly, the disease became worse and worse, that is, it came down larger and larger, 'till at length, he could not even obtain the palliative cure, and was obliged to content himself by supporting the tumour in a bag truss.

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This had been the situation of this patient for several years before I saw him; but he had omitted no probable chance of receiving a remedy. He had been attended, since the first of his complaint, by almost every surgeon who had a knowledge of these disorders, as well as by some who pretended to that knowledge. He had made a journey to Paris, on purpose to try if he could obtain the palliative cure there, and returned unsuccessful. So far his account.

By the time that I saw him, he was become so entirely a valetudinarian, that he could never venture to go out. He was troubled with an almost perpetual *tenesmus*, but hardly ever had a stool without medicinal assistance; and indeed it was necessary to watch the state of the intestinal canal, lest by the accumulation of indurated feces, that part, contained in the hernial sac, might be strangulated. Mr. Pinkstan directed his medicines.

This patient, for his Rupture, had been attended by some men of science, particularly a Mr. Dappee, who died long before my time. The trusses this gentleman applied,

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were upon a construction very superior to those made in the common way. I have heard that Mr. Daptee was a surgeon at Bristol, and having been successful in his attention to Rupture-cases, came to London, and was patronized by the most eminent surgeons of his time.

I hope I shall not be suspected of attempting to draw more merit to myself than I ought, if I say that this Rupture, at that time, must have been much easier to have had the palliative cure performed, than when I succeeded.

Mr. Pinkstan attended almost every day with me. It required a great deal of trouble and a long attendance, and I succeeded in the palliative cure.

C A S E XII.

A Man presented himself, as a patient, with the usual recommendation, at one of the first hospitals * in this metropolis.

The surgeon, a gentleman of the most unquestionable character, who was examining

* St. Bartholomew's.

the patients who were to be admitted, asked him what his disorder was, and he said, that he had a pain in his bowels.

He was told, that such a complaint was not of consequence enough to take him in as a patient; upon which he said, that as his master had sent him, he thought he should be taken in, but went away, without saying any thing more particular.

By some means, a rumour ran among the pupils, that this man had a Rupture, and with a very laudable humanity, it was mentioned to the surgeon.

The name of the patient's master being known, served as a clue to find him out, and some of them went in quest of him, found him, and brought him back to the hospital about six o'clock. Every thing that might be wanted was put in readiness, and the surgeon was sent for.

In the mean time, the patient laid down upon a bed, and the pupils waited to see the event.

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When the surgeon arrived, about seven o'clock, he went to the bed-side to see him, and finding the operation immediately necessary, left him only a few minutes to give some directions, and upon his return, he found the patient dead.

This case was related to me by a gentleman who was present, and of whose veracity I have no doubt; and I repeat it, as the case is recent and very well known, and because there are some, who, through ignorance or obstinacy, do not know, or will hardly believe, that a Rupture is a disease that can be so sudden, and so fatal in its consequence.

To publish the names of private patients ought ever to be avoided, and there is a particular delicacy due to those afflicted with Ruptures. I have therefore introduced only those who were Hospital patients. That surgeon must be very unworthy to be entrusted with the care of the health and lives of mankind, whose veracity could be objected

jected to; yet, however respectable his private character may be, no surgeon ought to think himself above introducing such corroborating evidence, as it is in his power to give in the establishment of his facts. Patients are seldom judges of their own cases, and as I think professional men afford the best evidence, I have given them the preference.

From the cases just recited, it must appear, that Ruptures are more dangerous than generally imagined; that they expose patients to a variety of ill consequences, and are liable to prove fatal when neglected; that all the dangers naturally incidental to these disorders, are not only aggravated by improper treatment, but that from the use of trusses applied by truss-makers, patients are not only in danger of being made incurable, but also of being emasculated and destroyed; that truss-makers, so far from being permitted to apply their instruments, cannot be safely left to cover them, when worn, without superintendence; for we have seen, that in doing this, a bandage that was in itself proper, and had performed its office a year with great ease to the patient, was converted into an instrument

ment of death by the ignorance of the truss-maker (vide page 89).

Yet there are some professional men who affect to think but little of the merits of those who take the trouble to superintend the construction of the bandages they apply. To say the best of such surgeons, it is only the characteristic of little disingenuous minds to depreciate the importance of that, to which they themselves are not competent.

Do not the health and life of the patient who has a Rupture depend on the skilful construction and judicious application of a bandage? I should be glad to know then, how a surgeon can be engaged in a concern of greater moment than the establishment of a patient's health, and the preservation of his life? In continuing therefore to supply the industrious with bandages, at the charge usually made by truss-makers, I perceive nothing inconsistent with the profession of surgery, unless an act of humanity (for so I mean it) can be considered as tending to lessen its dignity; or, unless it could be shewn to my satisfaction, that it is right to abandon

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every patient to the ignorance of truss-makers who is not able to pay a surgeon his fee.

As no disorder can be attended with a greater variety of ill consequences than a Rupture, it follows, that there cannot be a cure of more importance to the patient, or, that demands greater exertions on the part of the surgeon, than the radical cure of a Rupture; therefore no measures consistent with the safety of the patient ought to be omitted in order to effect it. And although the perfect cure is sometimes very tedious and very difficult to accomplish, yet it certainly can be performed by regular attention; and in asserting this, I am asserting no more than the most eminent physicians and surgeons in this kingdom know that I have performed.

As this pamphlet was intended to go no farther than the evils that patients are exposed to; the observations which I have made beyond that point, are only such, as have forced themselves upon me.

To teach mankind how to avoid the dangers they are exposed to, from their own negligence, from the false pretences of quacks,
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and the ignorance of truss-makers, have been the objects of this Essay. And, as I have already observed, so far as the influence of these pages may extend, so much the pecuniary advantages of surgeons in general, and consequently my own, must be lessened, as operations will be less frequent, and a long attendance seldom necessary.

I have endeavoured to discharge my duty with as much clearness as I am able; but in doing so, I do not assume the merit of standing up the champion of the afflicted and unwary. It is my business to lay the facts before them; the rest lies with themselves.

In endeavouring to repel the impositions committed upon patients, let it not be imagined, that *they* are the only persons who are liable to be imposed on. Incredible as it may seem to honest men, yet the fact is, that no profession is more subject to imposition than surgery. I have been so often cheated by strangers, that I have determined never to engage in the cure of one again unless I am paid at the time of application.

cation. Physicians, from custom, are paid every day; and, it is at their own option, if they be imposed on above two or three visits. But it is different with surgeons. In the cure of many chirurgical cases, a great number of attendances are necessary, and the loss becomes considerable, if they be not paid at the conclusion. A Rupture, for instance, will often require one year, two years, and sometimes longer, before the cure is performed. Is it not time, that some regulation take place for the security of surgeons, and particularly the younger members of the profession? Until that be done, can they do better, than enquire, how Gentlemen of other professions conduct themselves? Physicians are paid per visit—Counsellors when a case is sent to them—and Painters of the greatest eminence have half their fee at the first sitting, and the rest on the delivery of their picture.

Is it beneath surgeons to take the same precautions for their security that other professions do? And surely no profession can afford more proper precedents than

than those of the Law, Physic, and Painting, which are held in the most respectable estimation. An objection may be made, under pretence, that it looks like paying before-hand; but the idea is false, and is never used but by those who mean to make advantage of it. If a patient has not a reliance on the fidelity of the surgeon, he is very wrong to place the care of his health under him; and the fact is, that no patient of common sense will put a confidence, or employ a surgeon of whose abilities he is not well assured. But how can it be called paying before-hand, when they set out together, and the patient has the benefit of the surgeon's abilities from the first moment? So far he is certain of the advantage. But what recompence has the surgeon, after a year's attendance, when the patient fails? or, perhaps, having required as much attendance as if he was a man of fortune until the cure be accomplished, the patient then pleads poverty, and thinks it no harm to have carried on the delusion till

which can afford more proper procedure

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his own purpose was served. But, if he attempts to avoid paying his surgeon altogether, the loss of the money is the least part of the injury; for unless he be fearful of the surgeon's personal resolution to repel slander, it is commonly seen, that such a patient thinks it necessary to depreciate the man he has cheated, as if the only defence he could make for one crime, was the committing a greater, by adding detraction to dishonesty and ingratitude.

After having dedicated so much time to be enabled to warn the afflicted against the impositions they are liable to from advertisers, as well as the evils they are exposed to from truss-makers, I thought I had a right to say a few words on the impositions that are committed by some patients upon surgeons. In this description I mean not to reproach the indigent. When the miseries of poverty are heightened by disease, it cannot long be in want of assistance; and it is

is but justice to the present liberal situation of the profession to say, that no advocate is necessary, to recommend them to medical or surgical assistance, but the distresses of the unfortunate.

F I N I S.

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